

DPN

DISEASED PARIAH NEWS #9

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*Inside This Issue:
Why HIVers are Sexier,
How to Die Without
Really Trying,
Eating Our Own,
Larry Kramer's (Most
Recent) Last Interview,
And Much More!*

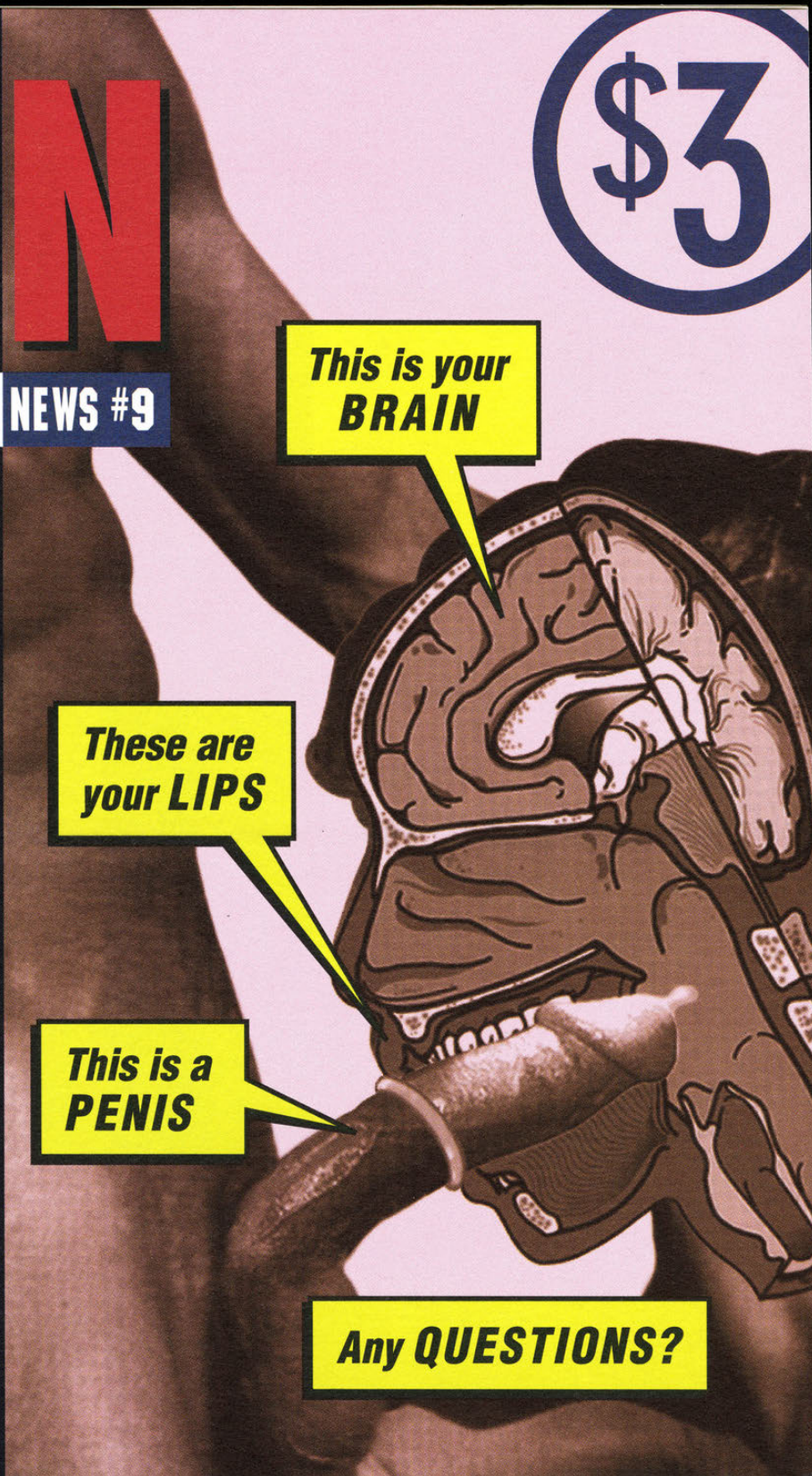


***This is your
BRAIN***

***These are
your LIPS***

***This is a
PENIS***

Any QUESTIONS?



**YOUR CRANKY EDITOR
& IRRESISTIBLE FORCE**
Beowulf Thorne

**YOUR HUMPY EDITOR
& INTERNATIONAL LIAISON**
Tom Ace

**YOUR SLEAZY EDITRIX
& PROTECTOR OF THE STREETS**
Michael Botkin

**YOUR GRACIOUS KEEPER
OF THE CAMERA**
Mod Bob

ACCEPT NO SUBSTITUTES!

Diseased Pariah News is a self-indulgent publication of, by, and for people with HIV disease (and their friends and loved ones). We are a forum for infected people to share their thoughts, feelings, art, writing, and brownie recipes in an atmosphere free of teddy bears, magic rocks, and seronegative guilt. We encourage people with HIV to submit material. Include an SASE to have your submission returned. Your payment will be the satisfaction of being (in)famous, and contributors retain all rights to their individual work.

SUBSCRIPTION INFORMATION

It's easy, it's quick, it's New Wave! Just use the coupon on page 38. Someone already tore it off? Send \$10.00 (US\$12 Canada, US\$20 International) for one year (4 issues) or \$3 (\$4 Canada, \$6 Int'l) for a sample issue. Checks or money orders to DPN, c/o Men's Support Center, P.O. Box 30564, Oakland, CA 94604. Please be patient with the vagaries of our publishing schedule, and don't subscribe for more than one year at a time for the future is mysterious. Questions? Leave a message at (510) 891-0455. You'll be glad you did.

DPN #9 is dedicated to last issue's centerfold boy, the inimitable Brian H. Covell. Goodbye, Brian—we miss you.

ISSUE

9

NINE

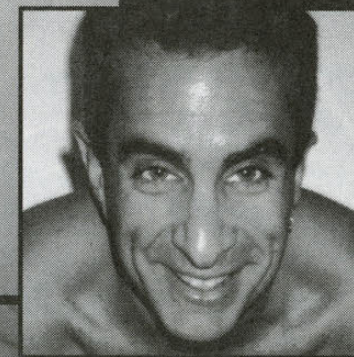
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Introducing page two boy **Rob Bergstein**. Rob is 36, weighs 140 pounds, stands 5'6", and has been a gentleman of distinguished serostatus since 1982. Rob has a CD4 count of 500 (we all hate you for that, Rob), and currently enjoys the rejuvenating benefits of ddC and Zovirax.

Rob lives in West Hollywood and is still gainfully employed, thus ensuring continuing social security benefits for the rest of us. Rob is still looking for Mr. Right—or at least Mr. Okay—and can talk intelligently about art. Send your fan letters to DPN page two boy, and we'll forward them.

Would you like to be a DPN lust object? You know what to do.





EATING OUR OWN

Why Does DPN Trash Our Newest Queer Saint?

Ding dong, the witch is dead. And now that Randy Shilts' bones lie rotting in the earth (or his ashes lie ignored in some gilded alabaster columbarium, we're not quite sure), we can let his poor soul rest. After explaining why we've been less than charitable to him in the past few issues, of course.

Readers of DPN will notice that we like to nurse grudges. On the one hand, we can claim that we're taking the high road, metting out righteously harsh judgments to those who genuinely deserve them, those who have slighted queers and people with HIV through malice and hypocrisy. Nobody could argue that Roy Cohn doesn't deserve such derision, for example. On the other hand, though, taking cheap shots at people we don't like can be lots of fun, and your diligent editors enjoy tawdry entertainment as much as anyone else.

So why, some of you have wondered, have we been directing our barbs at the sanctified Randy Shilts, maliciously pinning him down like some insect crawling on its belly across the pages of public opinion?

Surely he's done us all a favor by championing the cause of AIDS, showing the world how government and institutional stupidity, inaction, and malice have led to unnecessary HIV infection and death. Well, yes and no, but let me explain.

Why we love Randy

Randy Shilts has done some wonderful things in his writing and journalism career. I think immediately of *The Mayor of Castro Street*, better known to people in general by the subtitle, *The Life and Times of Harvey Milk*. Both as book, and later film, it's an incredible piece of positive propaganda. True, the melodrama is ladled on pretty thick, but the public reaction is spectacular. People—notably, straight people, young and old—came to see the late San Francisco supervisor as another person, and his death by assassination a true tragedy. At my first alma mater, Stevenson College at U. C. Santa Cruz, *The Life and Times of Harvey Milk* was one of the films of core curriculum, something all freshmen were required to watch. They wept; even the most conservative students we had at U. C. S. C., the econ

majors and the math nerds. When filling out class evaluations at the end of the quarter, many of the freshmen commented how the film had profoundly affected their previously ambivalent or negative attitudes about gay rights for the better. One could hardly ask for more.

Why we hate Randy

In the early days of AIDS, Randy also played an important role: being just about the only mainstream journalist writing regularly about the plague. For newspaper readers, his articles were just about the only pieces that were level-headed and not too steeped in sensationalism. Unfortunately, sensationalism was to creep into his work after a few years. He stopped being a objective reporter informing the public about AIDS and became a media personality making his living off of AIDS. I refer of course the events in and around his great volume, *And The Band Played On*, a narrative about AIDS in the late Seventies through the mid-Eighties.

My first disagreement with Mr. Shilts was over the whole debate over the closing of bathhouses. I'm sure that we'd all agree that this had more to do with politics and moral ideology than public health. And with Randy writing at the time, "Just about every type of unsafe sex imaginable, and many variations that are unimaginable, were being practiced with carefree abandon at the facilities [my italics]," one can see why. This was a time when government personalities such as former State Assemblyman William Dannemeyer (R., Fullerton) had entered into the official transcript of the Assembly that all homosexual acts involve the ingestion of feces. With "respectable"

queer journalists disgorging quotes like those of Mr. Shilts, I have little doubt as to where Mr. Dannemeyer and his friends got their inspiration.

Randy's trumpeting against the baths ignored several epidemiological facts. First, that it was unprotected sex that was the risk for contracting HIV, not bathhouses per se.

Second, although some bathhouse proprietors were unscrupulous (as portrayed *ad nauseam* by Mr. Shilts), the baths could also be a vehicle for education and self-protection. At that time, it was a common thing for baths to offer on-site counseling, by trained public-health professionals, about issues of hepatitis-B and other STDs. Some even offered free hepatitis-B antibody screening. Later on, after the hysteria had died down, the few remaining bathhouses would offer these sorts of services for HIV.

Third, everyone is ultimately responsible for their own safety. When Randy and others cried that infected people were having sex, they lost sight of the fact that the pariah's partner was choosing to have sex with someone who might be infected (virtually anyone), and the partner was choosing not to protect themselves. In the end, education is only effective if it reaches the individual concerned.

This leads to the fourth point, educating people can actually be more difficult in a landscape without bathhouses and sexclubs. When officials say that various gay community outreach programs will make up for the difference in coverage, they lose sight of the fact that many of the men who go to the baths do not identify themselves as gay, and bathhouses might be the only pick-up place where they could be found. With no baths, and being unlikely to appear

in gay bars or at gay events, these men-who-have-sex-with-other-men-but-don't-call-themselves-gay get pushed to the margins of sexual society. Although groups such as Gay Men's Health Crisis of New York City have done a commendable job of trying to find and educate these men as they cruise parks and restrooms, it just isn't the same.

Randy took a lot of flak for this vociferous opposition to the baths, but as he said to me at one speaking engagement, he felt obligated to stand his moral ground no matter how painful and disappointing the attacks were against him. Shortly before his death, he attempted to backpedal and revise his past message, saying that he was misunderstood, that he was merely suggesting the closure of sexclubs. This, of course, is bull. At that one occasion I heard Randy, he spoke in no uncertain terms. This leads to another important fact, that while he was espousing his public health policy, he was frequenting the very institutions that were the den of such unimaginable acts. From what friends and a cousin of mine have confided to me about what they saw and did with him, I'm reasonably sure that his attendance wasn't for research purposes only.*

I would like to address another journalistic indiscretion, and that has to do with his epidemiological evidence in *And The Band Played On*. When experts were asked to review the galleys for factual content, they took issue with the supporting star of the book, the legendary Patient Zero. (Mr. Shilts was, of course, the main star of the saga.) Patient Zero—Gaetan Dugas in real life—was Randy's Typhoid Mary, an immunosuppressed Eve from whom all evil HIV in the United States sprang.

Unfortunately, Patient Zero's mythic stature is unlikely at best, and wasn't supported by factual evidence. When called on this, Randy said that wasn't really the point, that Patient Zero was simply an allegory for the communicability of HIV.

I think this "simple allegory" was just about the most damaging concept to come out of journalism regarding HIV. Patient Zero was the embodiment of the credo "safe people, not safe sex". If a pathologically promiscuous flight attendant was the cause of the plague, then all one has to do is avoid his ilk. Perhaps beauticians and florists while you're at it. Any nasty, sleazy, gay-identified homosexual, but not good people like us, for God's sake...we're feckless sodomites, true, but we only do it once a week, in the dark, in the missionary position only, and *never* on a Sunday; surely we don't have to worry.... This simple allegory helped to scuttle effective AIDS education for years, allowing countless additional people to get infected.

Finally, the grandest deceit of them all. Randy Shilts, the great beacon of HIV elucidation, the man who made millions off of AIDS but never put any money back into HIV services or support, hid the fact that he was HIV positive himself. Randy admitted his condition only after he had become so wasted looking that there could be no more hiding the truth. He frankly admitted that he knew that he wouldn't have made as much money on his future writing contracts. After all, the publisher could wait forever on an offer, whereas the infected writer's days were limited.

I lose all semblance of objectivity at this point. When I think of the shit that I have taken over the years because I made a promise to myself

that AIDS is a disease—not a disgrace, and that I wouldn't pretend it wasn't there, I get angry. When I think of people I know, and others I have heard about, who crawled through the very depths of hell because they decided not to compromise, I get incensed.

Really Randy, your constituents

didn't expect you to be perfect, but we certainly didn't expect you to be a traitor. If there is an afterlife, I hope you spend it with Al Parker, both of you trying to convince each other that you two merely died of leukemia, while he fucks you with a sandpaper condom for all perpetuity. Rest in peace, you hateful little shit. —B.T.

THE DPN MEAT MARKET

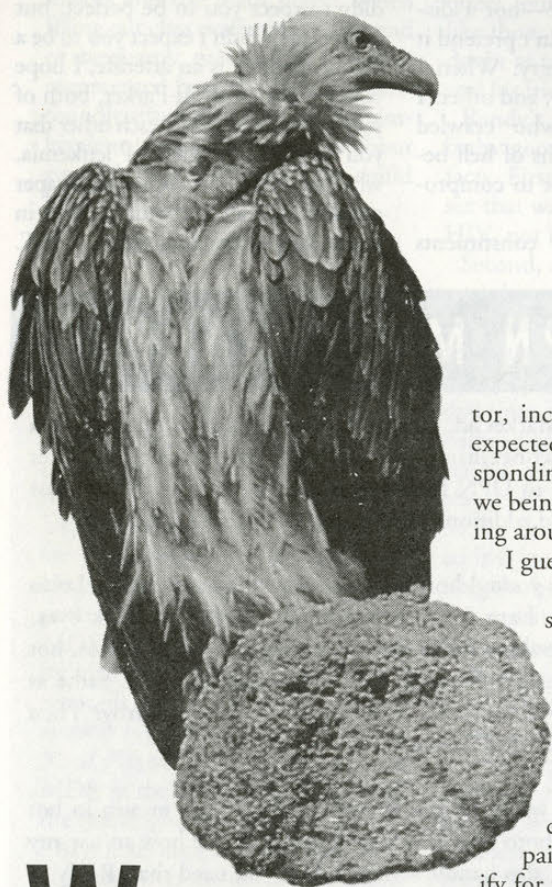
To reply to a Meat Market ad, put the advertiser's basket number on a stamped envelope containing your letter. Put that into another envelope and send it to DPN for forwarding. To place an ad: the first 50 words are free, and additional words are 10¢ each—*such a deal*.

34 year old (25 years young) hot, romantic gay white male in St. Louis is seeking positives. I am 5'7", 195 pounds, dark hair, dark eyes, 'stached and hairy; looking for in-times, out-times, movies, videos, hot times, and soft sensuality. Be nice! You understand, so can I. Same as described, prefer 27-40 year olds. Slow hand—yes! Live nearby? Then write with a photo to DPN Basket #17.

19 year old hot top wants to spank, fuck, and fill your mouth in hot phone sex. Send a photo and/or a long letter. Tell me how to use my 9" dick on you. Can also handle serious talk if you need that. Reply to DPN Basket #18.

Philadelphian wants to relocate in San Francisco, but knows no one there! I'm a 41 year old gay white male, seeking job(s), roommate(s), connection, and a lover(?). Classical pianist, composer, administrator (arts or AIDS). Articulate, intelligent, professionally/sexually versatile; I want a new life, new climate, and new friends. I've got lots to offer; write now! DPN Basket #19.

Shy fat hairy bearded bottom, 33, seeks Seattloids and tourists. I enjoy writing letters, poems, 'zine contributions, reading books, watching movies, massage, cuddling, SEX (not into S&M or B&D), walking in the rain; or sucking caffeine, tea, or beer while telling horrible jokes. Ideal fantasy guy is 6-foot plus, or below 5'6", has hairy sinewy legs, and is aggressive, loud, wacky...interested? Reply to DPN Basket #20.



Handling The Vulture Thing

by Timothy Callaghan

tor, incoherent and failing, not expected to make it, but still responding to pinpricks. Weren't we being a little premature, walking around staking claims?

I guess not.

Unfortunately, at this stage I was out of holy water and other ideas for exorcising demons. I explained that the computer was mine, that I had the receipts to prove it. Yes, the fancier car was David's. But I'd paid it off so he could qualify for the mortgage loan. I had to agree with them, though—the two thousand dollar cancelled check written to him really wouldn't count for diddly in court.

I think I managed all right until his mother asked which bedroom was mine and which was his, conveying by her expression that she wanted me to point in two directions. After thirteen years together? Please. I tried redirecting the conversation, but she wouldn't budge, so I told myself she was asking for it. They all were, in fact—both of our very big, very Catholic, very self-righteous and agitated families.

Back then my feelings were too raw to properly communicate. But later: Ha-ha. Nanny-nanny-goo-goo. David pulled through and lived another three years. We had the gift of time. Time to rub the family nose in the shit they spread. Maybe, we figured, our younger, gay siblings wouldn't have to put up with this vulture thing.

Oops. You thought we were the only queer, HIVer family members? Think again. A lot more than one percent of us twenty-eight combined are fags, for Crissake.

Between hospitalizations and home health crises (I never did get the hang of flushing catheters) David and I groped for bits of wisdom to offer the undereducated. Oh, yes. Being teachers, we had attitude. People had to know. But first our theories had to be tested. How convenient our families were lining up to pay their last respects and videotape the artwork.

So here they are, free of charge, Tim and Dave's Vulture Dispersion Techniques:

I. Immediately upon the occasion of your lover's first hospitalization, take a walk around the house, garage, attic. Collect the things you'd just as soon toss, give to the Vets or

dump at the Salvation Army after he dies—those mystery boxes of personal items from high school and college, unopened Ed McMahon mailings, the St. Christopher medal Grandma gave him for graduation, rings from old boyfriends. Divide everything into boxes by the number of immediate family members. Call them, let them know he's in the hospital, then brace yourself.

II. Before the first wave of relatives, offer your lawyer ten percent of the succession. He won't take less than thirty, but start low. Take him with you to the hospital. If your lover's problem is CMV retinitis, dementia, or the maximum dose of morphine, all the better. Just pre-date the papers by a couple of months, stick a pen in his hand, and move it across the bottom line.

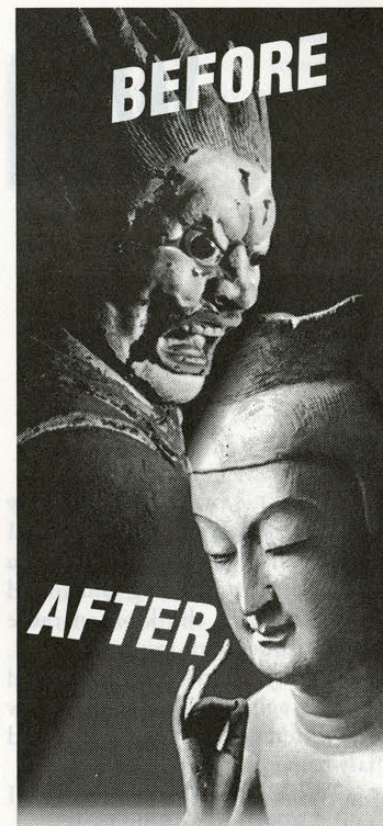
III. When things appear hopeless, your lover's family will arrive hard of listening, and not because their ears are plugged from the flight. Take it from a teacher—you must consider all modalities when attempting to reach reluctant learners. After the initial novenas, convince them that they need a break. Rent *Lorenzo's Oil*. Take them to *Joy Luck Club*. In the middle of dinner, recall that this is your lover's favorite restaurant, and whatever his mother ordered, his favorite meal. For dessert, hand out multiple copies of that funeral music he selected. Mention there will be more souvenirs later (the boxes in the back room). Ask if they would like their copy of the funeral arrangements laminated. Hang his suits out in the living room and take a survey—given his grey pallor, would he look better in blue or brown? Let

them think they have choices, but keep the Armanis well-hidden.

IV. If you ever needed to be prepared with a cheat sheet of quick responses, now's the time. When his sister asks, "Which of you infected the other?" put up your hand and silence her with the deliciously shocking truth: "Neither of us has the foggiest." When his brother insults you, reply with a blank expression and say, "He wants you to be pall-bearer." Start a little infighting by telling any one of them, "You've always secretly been his favorite." Take each family member aside, repeat this declaration, then sit back and watch the fun. They'll be so busy scratching each other's eyes out, they'll forget about his Waterford.

V. When he's at his most vulnerable, say, after his most recent -oscopy (colon-, bronc-, end-, etc.) tell your lover that his relatives have already divided the spoils, naming in particular his favorite things. Never mind the confused expression—you can come up with a pretty fair imitation of Jennifer Jones' *Song of Bernadette* on two hours' sleep. Ask him for his advice on how to handle this awkward situation. You'll be relieved and rewarded when at last he faces this subject head-on and asks THEM to change his diapers for once.

After David died, I heard from his niece who heard from his sister who heard from his mother: "I really don't know how Tim's doing. All I know is, he got the house and he got the car." So don't feel guilty. They deserve what they don't get. Be consoled to realize that like you and your lover, they too shall pass. ☯



SUBMIT YOUR ORIGINAL MATERIAL TO DPN AND YOU WILL KNOW INNER PEACE

DPN is more than just the Biffy, Tommy, and Mikey fan club. We need what you have to share, so send us your essays, fiction, true-life horror stories, helpful hints, scholarly research, and (of course) your favorite recipes. In fact, the only thing we don't want is your poetry, unless it comes with an affidavit signed by at least three professors of English.

What's that? You don't have any of your own original material? Surely you have inspired, literate friends. Cajole or bribe them into writing for us—and by all means, tell us what you had to do to get them to put out.

Widow Hopper

by Kevin Bentley

I FIRST SAW the improbably named Willy Tedd when I walked in from work on a February evening and found him sitting at the kitchen table eating sorbet with my lover Frank.

"Willy Tedd?" said my friend Louise, aghast. "Doesn't he know the difference between a first and last name?"

"What about Brian Keith?" I said. "What about Billy Joel?"

"What about Hamburger Mary?" she snapped. "Get serious."

I heard him first, actually: a giddy, high-pitched giggle, followed by a lower register admonishment to the dachshund, whose nails were clattering on the linoleum. Tall, with well-developed chest and arms and a small, unfinished-looking face, he wore shiny black spandex bicycle shorts, rubbery black Reeboks, a black t-shirt, and a shiny white plastic bicycle helmet that made him look like he was about to climb into a cannon and be shot back to the Eagle. He didn't look much like a nurse.

I'd had a nerve-racking hour earlier that day, waiting to hear if the caregiver agency could find a substitute for Gulima, the stolid but well-meaning Filipino girl who'd been spending weekdays with Frank for the last six weeks—after she'd come down with something and had to leave. Things had changed so fast recently I hardly recognized myself in the caregiver/administrator I'd become. When Frank came home from the first hospitalization he was much worse off than he had been, and the amount of morphine he was taking changed things dramatically. I'd walk in to find drawers upended on the floor, the mail unopened in the trash, and an empty saucepan black and crackling on high flame, Frank shuffling down the hall with huge morphine eyes asking peevishly, "Are those three nuns in the living room coming with us on the tour bus?"

I made some desperate phone calls, filled out a lot of paperwork, and soon an attendant outfit in

Daly City sent Gulima. Gulima wasn't unkind, but she was sealed off from us by her limited English and her practical dispassion, seemingly unfazed by the hothouse atmosphere of giddy good cheer and white-knuckle skirmishes with death. Mostly she sat in the living room watching soaps and game shows and combing her lank hair, taking Frank's pulse and temperature now and then and bringing him glasses of juice with strictly measured doses of liquid morphine when he yelled.

I felt bad going off to work and leaving Frank locked up all day like a toddler with a maid, but he insisted I stay on top of my job. I couldn't afford not to. The surreal contrast of a brisk publishing office with the bubble bed, bedsores, oxygen tanks, and bottles of liquid morphine I had to hide in the kitchen cabinets behind cans of beef broth so Frank wouldn't accidentally overdose himself, made me think I might be going crazy. I felt like Karen Black in *Airport* trying to

keep that guy from getting sucked out the hole in the crashing plane. I tried calling Shanti. They sent me Lewis, an overweight, depressed man who, when he heard I was in publishing, was mainly interested in telling me the plot of his movie script (about a gay love boat) and stayed as far from Frank as he could get. Between Frank's hard-fought 80 pounds and Lewis's bulk, I felt like I was in one of those cartoons where Walter Lantz's hand keeps reaching in and redrawing the characters in exaggerated ways.

"Have you talked to Frank about dying?" he'd ask, eating a big piece of chocolate cake at a nearby coffee shop. Frank, who was watching a lot of TV, didn't want to talk about *dying*. He wanted to talk about Siskel and Ebert.

"Maybe I could just tell him the hospital bed's only rented by the week," I offered. It wasn't long before I found that avoiding a meeting with Lewis cheered me up a lot. When I ended our relationship without closure his parting shot was that I had a lot more griefwork to do than I might think.

Then I got home one day to find Frank sprawled in an easy chair, urine-soaked, eyes rolled back in his head, Cheyne-Stoking, Gulima boredly eating Ritz crackers from a paper bag and watching "Wheel of Fortune."

"Frank *tired*," she said. "He really snore." I felt like a rat when, for the second time in as many months, we were careening along in an ambulance, a couple of blasé paramedics shouting in Frank's

face, "Mr. Santore, Mr. Santore, what day is it? Who's the president?" They shot him up with something that made his eyes roll right back into place and his mouth pop open like Charlie McCarthy: "Friday, gentlemen. Reagan, unless somebody shot him while I was out."

So when Frank informed me he and Willy Tedd had worked things out so Gulima would be assigned elsewhere and Willy would take over, I could hardly protest.

"Who would *you* rather spend all day with?" Frank asked, chuckling.

Over the next four months Willy Tedd became a fixture in our lives. He and Frank went out to movies and lunch as long as that was possible; they rented videos and overfed the dog with jerky treats. Willy often contrived to arrive early enough in the mornings to catch me just getting out of the shower, and several times he found reasons to come in while I was still in the shower. ("Frank wants his lotion!")

Frank's friend Charlie, who came over on his Tuesdays off to watch videos, said, "Do you think Willy Tedd's up to something with Frank?"

"Please!" I said.

"Well, don't be surprised," Charlie said. "Willy Poppins sure is checking *you* out."

I began to notice Willy bumping into me a lot, hanging closely over my shoulder; then there were the hugs goodbye, which had seemed a bit presumptuous at first, but natural enough, given the sometimes high

emotions, when Frank's condition would dip. He wasn't someone I thought of sexually; despite, or maybe because of the bulging muscles he'd labored at a Soloflex to swathe himself in, Willy was what Frank affectionately referred to as a Big Girl. The rolling pin he stowed in his spandex and 1977-vintage skin-tight Levis seemed cartoonish, like the inflated shoes of a clown, or a fool's scepter.

What kind of a person has two first names? Looking at Frank's Week-at-a-Glance book, which used to spill over with doctor appointments, blood results, and lists of new drugs he'd read about—now mostly blank unless I jotted something on it—an odd notation, almost haiku-shaped, caught my eye. In shaky, deteriorating block letters he'd tried to write down Willy's name so he'd remember, garbling it several times, like someone trying to solve the Jumble: *wily deth*.

Frank nearly died a week before his birthday, then he rallied for a bit, and we had a birthday dinner at a restaurant right around the corner. The glittering yuppies' eyes glazed over when they saw Frank scuff in in his down house slippers with Willy and me each holding an arm. Frank, living mainly on Fantastic Planet from the necessary morphine dose, carried himself with oblivious style. We had wine with dinner, and Willy flirted with Charlie and giggled more than usual. Back at the apartment, he lingered on the end of the bed, till I yawned and pointed out how early I had to be up.

Frank opened his eyes for a moment when he'd left. "He's got his eye on you—do you know that?"

I laughed. "He just wants another muscle queen in a leather vest!"

Frank died one morning not long after. Willy stole the show, sobbing hysterically, to the dismay of Frank's doctor, who expected him to do some necessary things. (Willy had bragged more than once that Dr. Jarvis had chased him around the apartment and grabbed his dick on his weekly visits. I'd hoped he was making it up.) When friends showed up, they were indignant at Willy's theatrics (he kept returning to the room, only to run out again sobbing), which led Louise to remark that she'd suspected "Willy Tedd" was a stage name all along.

That night a large group of Frank's and my friends took me out to dinner. I'd thought we ought to ask Willy; it seemed awkward for him to just leave and not come back now that his job was over. He giggled and played footsie under the table, flushed with wine and, as he mentioned, an afternoon at the tanning salon.

I'd already had six months to mourn the loss of my lover, because a large part of the person I'd known as Frank seemed to have rushed out along with the torrents of blood and vomit and worse in the hospital. After the jolt of the event itself, I went into a kind of zombie self-preservation mode. I rearranged the furniture, gave away Frank's clothes, bleached a streak in my hair, and

changed my phone number after his mother, the Countess of Reno (Frank's stepfather was a refugee "Count"), dried her tears and started calling up with messages like, "Where's the money?" and "If a pair of brass elephant bookends are all he left his family, you can throw the ashes in the ocean for all I care!"

A week later, Willy Tedd came by to pick up a few items he'd left behind. I gave him Frank's tux, which was much too big for me, thanked him again for everything, and moved to the door. When he turned and pasted his spandex-encased torso against me in an exploratory hug, pressing his crotch on mine, I knew—as I'd known all along—that I could fuck him if I wanted to. In a very short time I'd snapped on a Rough Rider and was ploughing Willy's Soloflexed butt like I hadn't had insertive sex in two years (I hadn't). He was like a lifesize rubber doll, particularly in the glabrous area where he'd shaved around his dick, which reminded me of a big, useless piece of furniture you have to keep stepping around.

It was as if I'd shot up from the bottom of some stifling deep and grappled onto his slick torso. I came with a shout, and saw Frank as he died, beseeching arm outstretched, one eye staring open and the other crazily half-shut—"Can't you close his eyes?" I'd cried. "Do you have a little piece of Scotch tape?" Dr. Jarvis said.)

I figured Willy and I had better have a little talk.

"You know we haven't got much in common but the last

four months with Frank," I said. "This's good for us both right now, but I don't know where it can go. If this isn't enough for you, just say so." He just grinned at me with his small, carved-puppet features, and mimed a "time-will-tell" look of wisdom, which sent a chill down my spine.

It turned out Willy Tedd was one of those people who want to have sex with you, no strings attached, and then as soon as you do, it's like you doused them with acid. His personality changed from giddy and silly, to bitchy and petulant. Who knows? Maybe he'd imagined when Frank died he'd become Mistress of Manderly. I'd assumed he'd tire of my boring ways soon enough and dump me, and then I'd say, "Gee, I'll miss you, but I *understand*." Instead, for several months, he kept coming back, and our sex quickly devolved to that exciting but short-lived phenomenon, the Grudge Fuck. We'd do it, then go out to get something to eat, and he'd stare at his food and sulk. Maybe he sensed how much he embarrassed me: I did feel rather like Mr. Belvedere out for a walk with Mamie van Doren when we were on the street together. Every walk to the corner with Willy was an adventure, because the most unlikely people screamed things, appreciatively lewd or homophobic, out car windows at him.

My picture of him grew darker: He seemed to have a lot of enemies we had to cross the road to avoid. And his roommate, an ex-lover, was now evicting him,

"for no reason at all."

"You've got so much room here," he noted, looking around my apartment reflectively.

"Yes, but I have to move somewhere *smaller* right away," I said, sweating.

He had a new client situation. At first he talked a lot about the patient and his lover, the meddlesome mother and father who were on the scene. Then he stopped talking about work at all.

At first, I'd thought of Willy as a sort of blameless free spirit, à la *Nanny and the Professor*. Now I wasn't so sure. I'd started having morbid thoughts: How many people I'd had sex with were dead now? When I masturbated, I'd suddenly imagine them flitting around me like moths. I'd heard of sin-eaters, who come and eat food left out for the newly dead, ingesting their sins. How many newly grieving men had Willy Tedd screwed?

He'd taken to calling Charlie up to gossip about what a difficult boyfriend I was proving to be. Then Charlie would repeat it all back to me in the most unflattering way.

"He's doing it with the lover—and the guy's not even dead yet."

"You mean—?"

"Yep—he's a professional widow-hopper."

Willy Tedd came by unannounced one evening soon after this, looking angry and grim, his thin lips pursed, as if he knew I'd guessed his secret.


"This isn't working out," he said. "I just came by for my things." (There were extra pairs of spandex shorts tucked away here

and there.) I tried to look suitably sad, but not too sad.

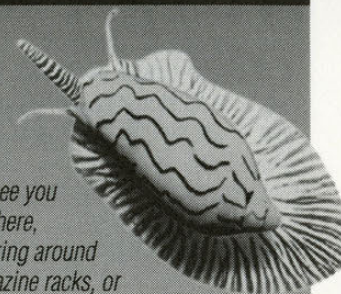
"I'm sure you're right. I'm so fucked up right now. It's not fair on you."

Frank's long dying had been the planet around which I revolved. Now everything was moving away from me at great speed, as if his death shot a hole in the fuselage. Frank, Willy Tedd, the Countess: they moved in different directions, but they were all moving away from me, Willy in a series of hang-up calls and slurry answering machine messages, from terse ("Fuck you!") to bizarre ("We didn't discuss what to do about exchanging Christmas presents. Please let me know.") that ended when I moved and changed my phone number again.

Each night I climbed into bed like a space traveller slipping into his suspended animation cylinder, knowing that one day before I knew it I'd be waking up lulled and unwrinkled to find it was a year later, Frank shrunk and flattened to a paperdoll in a scrapbook.

Once I spotted Willy Tedd on the street—Glenn Close springing out of the tub—and he shouted a non sequitur ("Lick my asshole!") that turned a few heads. Then he sank for the last time into that same blissful black hole of forgetfulness that swallowed up all of the worst of that time—Frank's evil mother, the woman upstairs who rode her exercycle over our heads right through the very moment Frank expired, insurance forms, condom catheters, hospice pamphlets on *How to Let Go*. 

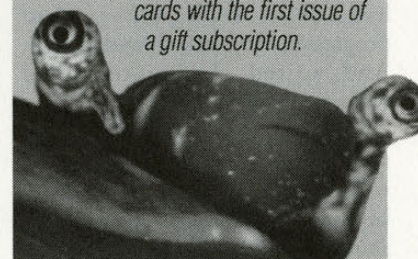
YOU ARE SLIME!



We see you out there, loitering around magazine racks, or maybe crawling through someone else's home on your limaciform yellow bellies, all in hope of reading a copy of DPN that you have not paid for! We're pleased that you see DPN as the salt of the earth, but salt is just what we're going to pour upon your moist tender naked skin unless you subscribe, you slug.

Despite our, uh, irregular publishing schedule of late, DPN is still alive and kicking. As long as there's no cure, as long as there are pariahs left who share our demented sensibilities, as long as we can stand it, we will crank out new and exciting issues of DPN. After our recent performance we're not making any guarantees about timeliness, but hey, nothing is certain in this world.

Just send \$10 (US\$ 12 in Canada, US\$20 international) to DPN, c/o Men's Support Center, P.O. Box 30564, Oakland, CA 94604. We'll even forward your birthday or sympathy cards with the first issue of a gift subscription.



How I Lowered My T-Cells

(or: finding the right lab for the crime)

by Josh U. Woodeye

I T HAD BEEN two years since my T-helper cells had been under 100. I've been faithfully going to my ophthalmologist for routine retinal exams to be sure I don't have early signs of the dreaded CMV in my eyes. Every three months. Go in, get dilated, bright lights and magnifying glass, and a clear eye bill of health had been my fortunate course. And each time I would ask the kind doctor—just when were there going to be some trials of prophylaxis against CMV? I knew many people already diagnosed with it, on intravenous ganciclovir or Foscarnet, with tubes and ports here and there to infuse it through. And I didn't especially want to go that route. I'd heard of the ganciclovir pills that some people had switched to after their retinitis had stabilized, and some had done well, others had progressed. So I asked, and waited. And waited. And asked. And waited.

Finally, about six months ago on a routine eye exam visit, the doc tells me that indeed what I had been asking about was just getting started. Double-blind phase II trials of prophylactic oral ganciclovir. He

gave me a couple of study addresses and numbers, and off I went to sign right up.

The first place I went, well, I knew one of the research nurses as a friend from days gone by, and I'd met the doctor, a young cute-but-hetero thing who was doing a lot of HIV research, and seemed pretty cool. So did all the office staff. (Now I'm not going to use anyone's name here, to—you know—protect those devoted, innocent, selfless service-oriented caregivers.) I went in and got the lowdown on the study. You had to have under 100 T-helpers *and* an AIDS diagnosis, *or* you had to have under 50 T-helpers *without* an AIDS diagnosis. Now that makes sense. Not! Under 200 *is* AIDS these days. But according to *this* protocol, that minor fact didn't apply. So, that sort of put me in a weird position. You see, my T-helpers were under 100, but over 50. I'd had an HIV-related cancer that the CDC had just added to the "list" when it occurs in WOMEN! but not in men!! So that didn't get me a diagnosis. AND I'd had a pneumonia that cultured out MAI from my sputum, but since I didn't have blood cultures they couldn't

PROVE that it was disseminated MAI, and that didn't qualify me for a diagnosis either! Oh great! I mean, they found the MAI, I got treated and got better. I sure as hell wasn't going to get my hip punctured for a bone marrow, or more blood cultured just to prove I had MAI all over. So—where did that leave me?

Well, these folks at the study site were, let's just say, loose. Being a little "laid back", they agreed that I only needed to have under 100 T-cells and they would say I had AIDS based on the MAI, and enter me in the study. They seemed nice enough. The nurse went over the study protocol and consent with me, and drew my blood. Well, he TRIED to draw my blood. I mean, I have great veins, and he went right through one! This from a supposedly former critical care nurse. Not to mention that he forgot to take the tourniquet off my arm when he pulled the needle out, resulting in blood squirting all over the place. Lovely! A week later I got a phone call that my T-helpers were 109, and that didn't qualify me. But I could come back in a couple of weeks and we could try again. So—now I thought, okay, how can

I lower these suckers a little. Friends said, "Drink a lot of water, it'll dilute your blood." Others said, "Don't drink water, drink alcohol, stay up all night, and get it drawn in the morning." "No," another said, "get it drawn in the afternoon." What should I do?

I try the drink lots and lots of water routine, and go to have it drawn in the afternoon. This time the tourniquet is covered with dried blood. Yuck! And again he leaves it on when he pulls the needle, causing a great big bruise. This time I remind him that his technique is a bit off. He grunts: "uh huh." I expected a call from him that week. But did I get one? Two weeks passed, and I decided to phone. The nurse was a little perturbed. "Didn't I call you?" he asked. "Well, I thought I had, because your Ts came back at 101. Sorry, but we can't let you in." Oh great. Now I'm *one* fucking T-call away from the study. Too fucking much. So I ask to speak with the other nurse, who's been a friend for years, and the 'cool' doc, with whom she lives. They agree that this is ridiculous, and that I should have it drawn again one more time, and this time we'll "be sure it gets to be below 100." OK, so I went back a week later, and this time I tried the bottle of wine with dinner the night before, and as little sleep as possible. We're talking party here. I'm gonna lower these guys if I have to.

Well, the doc and the nurse decide to draw my blood (instead of a surrogate diseased pariah, which was the original plan) and put it in the fridge for a day or so, to be sure and destroy at least a good ten percent of the T-cells.

Fine. Oh—and this time I have my friend, the nurse, draw me. Much better, but we still get a spacy 30-minute discussion of friends from years ago. And then the doc tries to sell me on a completely different study he's pushing of a VERY very toxic phase I drug that's supposed to do the same thing, but I know it's killed one of my primary care doc's patients. I don't think so.

So another two weeks passes. No word. I phone. The research nurse again is a bit miffed at my calling him. Didn't I know the results? (What does he think I am—psychic?) They doubled, he tells me. Over 200 now! So, whatever I'm doing, just keep it up, and see me around. Come back in a year if I want, if the study is still open, if I'm still alive. Bye. Click.

Wonderful news! I'm elated. Hey, it's been over two years since I've seen that number on my lab reports. I have a day or two of euphoria. Then the elation begins to fade. I simply don't believe it. I realize that I could still be at major risk for CMV, and perhaps I should have my blood rechecked. Am I being paranoid? Or were these guys as flaky as they seemed?

I decide to go to a different study site, and don't tell them that that I've already been screened and rejected. They're professional but compassionate. The nurse is thorough, organized, kind, and funny. First result, Ts are 57! They're concerned since technically I don't have AIDS. We redraw. 53 this time. They call the drug company, and ask the investigating physician for an exemption. He grants it, and I'm in. All this in *one* week. I'm on the study medication.

Oh yes, the study medication.

That's "puh-RYE-uh"

pariah \pə-'ri-əl n. [Tamil paraiyan, drummer <parai, drum; pariahs were hereditary drumbeaters] 1: a member of a low caste of southern India and Burma 2: outcast 3: any "guilty" victim of HIV. That's right kiddies, we don't care how you got HIV, as long as you're not a whining and hateful virgin about it.

Who is that little mousie on the cover?

He's not Mickey Mouse. Some day we may risk incurring the wrath of the notoriously litigious Walt Disney Company, but we haven't done so yet (unless, perhaps, we just did with this sentence.) No, the leering rodent on our cover is none other than the legendary Oncomouse, a patented strain of laboratory rat guaranteed to spontaneously develop cancer at age two or less. In the old days, scientists would chemically induce cancer in rats, a messy process which often caused side effects besides the desired malignancies. Oncomice, on the other hand, produce nice organic tumors with no chemical aftertaste. They're pariahs right from the get-go. Anyway, we felt sorry for them and decided to elevate them to mascot status. They're \$75 each and are the perfect pet for someone who needs to pity something, but they aren't generally available to the public.



Did I mention it's a double-blind placebo-controlled study? The drug is given to two-thirds of the subjects, and the other third gets placebo. No one knows which or who. Am I willing to take *placebo* three times a day, at eight-hour intervals, for two years? What if I put them under amethyst crystals

and in a pyramid before I take them? I don't think so. So, what to do?

A little creative research participation. OK, I've already doubled my Ts without trying. I've gotten into the study by the good graces of a few individuals. I've got to find out if I'm on drug or

placebo. Many, many expensive phone calls and many dead end pursuits later, I finally find a lab, somewhere way the hell back east that is able to identify ganciclovir. One lab in the entire country! It's so new, no one has a standard to identify it against. But I find one, the only one! And I need a doctor's note—a prescription requesting the identification. Oh, like I can go ask the study doc for a note to break the code. Yeah, right. But I do find a sympathetic doc to write a scrip for the lab, which is all they really wanted to cover their ass. Just like you can't go into a lab and say, "I'd like a CBC, and three sputum cultures today, please," without a doctor's order, so too you can't take pills to a lab and ask for toxicology testing, or even identification without a written doctor's order. What's wrong with this picture?

Well, to make a long story even longer, 5 weeks and \$150 later, I'm on the *real* drug. I'm elated, I feel invincible (for about 12 hours—is this what they mean by the placebo effect? If so, give me more!) I can't tell most people, because it might get back to the study. Of course, I'd deny it on a stack of condoms. But still, it might make them "uncomfortable". It made me happy. I mean, if I'd been on placebo, I'd have stayed in the study, just thrown away the pills and let them draw my blood and look at my eyes every two months, and if it seemed to be working, they'd switch everyone to drug, so I'd eventually get it. But now I *had* to take those pills, three times a day. And be a statistic in an important study. Time will tell. May the punishment fit the crime. ●

Letter(s) to the editor

To the editor:

This is probably the first letter to the editor you have ever received, so I doubt you will print it, but I do hope you will read it and/or pass it along to Collin Chace.

My lover showed me your most recent issue with the essay (article?) by Collin Chace, entitled "Big Red Ribbons". What an irritable and irrational girlfriend this man is! I really don't see how he draws any logical or honest conclusions in criticizing Elizabeth Taylor. I have never been a fan of hers, but as a friend and AIDS benefactor, she is beyond criticism—and certainly above the idiotic comments made by our jaded writer.

Mr. Chace states "If you can tell me why you're wearing that ribbon (besides 'I'm concerned about AIDS') then okay." Does the foundation set up by Elizabeth Taylor to help PWAs qualify her, in Mr. Chace's opinion, to put her "fucking red ribbon" in his face? Breaking away from AmFar and starting an AIDS service organization in which she pays all the administrative expenses and oversees the distribution of donations certainly makes her "worthy" to wear the red ribbon.

Yes, it doesn't take a "numb nuts" like Mr. Chace to see that some people are using the red ribbons as fashion statements—but even in doing so, they are bringing this pandemic to the attention of more and more people.

As for Mr. Chace's impeccable taste in referring to Ms. Taylor as "Elizabeth Fucking Taylor," I can only say that we all thank him for sharing his wisdom and breeding with us in these pages.

BRIAN M. MOORE
BRIDGEWATER, NEW JERSEY

And thank you for sharing your wisdom and breeding with us! We can't remember the last time we saw the phrase "numb nuts" in print.—Ed.

When a Jewish Kvetch gets HIV

by Howard Shapiro

THE THOUGHT OF getting sick and dying makes me realize one thing... I'm too materialistic and gossipy to leave this planet. Do they have *Entertainment Tonight* in heaven? Are the flea markets any good? Will I be able to have brunch with Lucille Ball and Natalie Wood?

I couldn't have settled for a little cancer? I had to get "trendy" at the age of 36. Marilyn Monore died at 36, but at least she had the sense to become a legend first.

My back went out!! I hobbled into my doctor's office like the hunchback of Notre Dame with a severe case of shingles. I also had crusty eyelids and my eyelashes were falling out—so was my hair and I had eczema all over my scalp. I looked like Dorian Gray's portrait. As the doctor examined me he had the same look Barbara Hershey's doctor had in *Beaches*. He started to hum "Wind Beneath My Wings" as he took my blood.

It seemed like a year before I got the verdict—HIV-positive. Oy vey! Although I was not yet in the danger zone of full-blown AIDS, my doctor informed me that my T-cells were below average. The last time I was below average was

in high school geometry, but at least I didn't have to go on medication to pass the course—I just transferred out of the class.

AZT, Bactrim, HIVID, and Zovirax. Sounds like the cast of *Star Trek*, doesn't it? I was taking 16 pills a day! I could match my 90-year-old grandmother pill for pill. Another oy vey! My apartment started to look like "your friendly drug store" and to make matters worse my medicine cabinet fell off the bathroom wall, almost hitting me on the head!

My doctor told me at first there would be side effects... fatigue... fever... bodyaches... headaches... dizziness. It all sounded so exciting to me! Diagnosing a Jew with HIV is like giving them carte blanche to kvetch.

"When was the last time you really felt well?" my doctor asked.

"To be exact, 3:45 P.M. Eastern Standard Time on June 23, 1974."

Telling friends and family you have HIV was as painful as the night Joan Rivers was fired from FOX! Thanks to years of watching *Marcus Welby, M.D.* and *Medical Center*, I knew how to approach my audience. A few dramatic pauses... a sigh... a cough... an

EMMY... a whimper... possibly fainting as a last resort.

The people closest to me kept "suggesting" I attend a support group to vent my frustrations and anger. *Be with your own kind!* Although it felt like a *Twilight Zone* episode, I humored them and went to an HIV/AIDS support group. I needed a support group after the support group.

"What brings you here?" the group leader asked me. Dr. Ruth Westheimer this lady wasn't.

"You mean this isn't *Weight Watchers*?" I sat down.

6½ beady eyes glared at me.

One of them spoke, "John's dead... John's dead, and you're sitting in his seat!"

It was me sitting in "John's dead" seat. I felt guilty! Should I move to another seat? Perhaps lean against the wall? Lay on the cold floor and bury my head in shame?

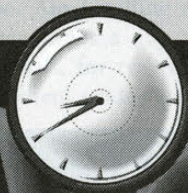
"So what's your T-cell count?" they yelled in unison.

"Higher than John's."

As the HIV hypochondriacs exchanged recipes for a dandelion health-shake guaranteed to boost the immune system, I snuck out so I could be home in time for the season premiere of *Knott's Landing*. ●

TIMELIKE INTERVAL

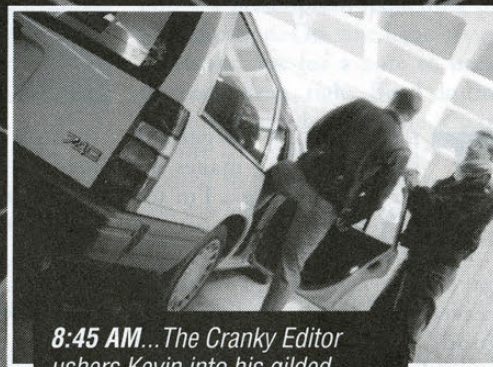
*The Jet-Set Life of a
DPN Centerfold Boy*



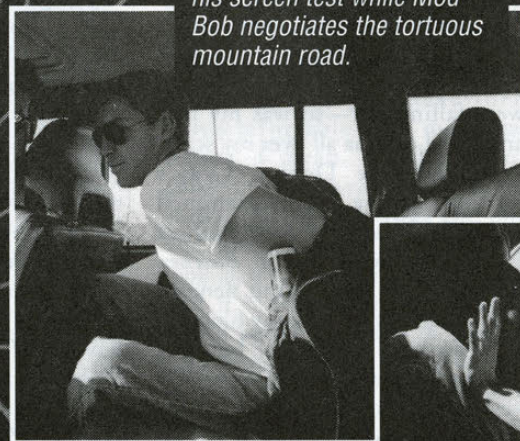
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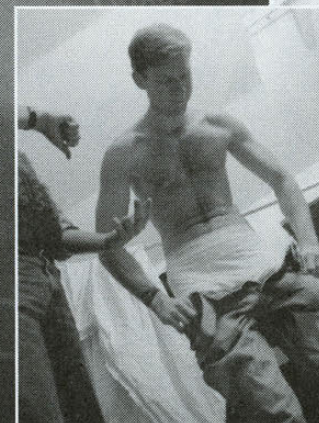
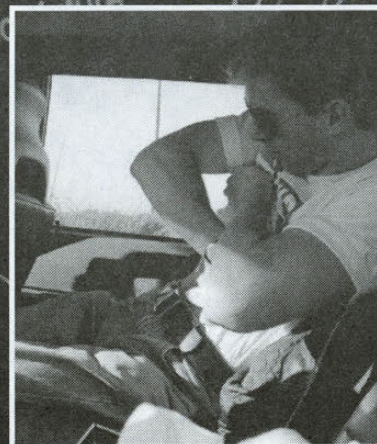
8:40 AM... Kevin Mischka, third in a distinguished line of DPN centerfold boys named Kevin, races through the catacombs of San Francisco International.



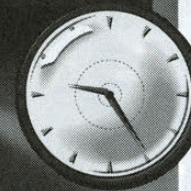
8:45 AM... The Cranky Editor ushers Kevin into his gilded chariot. Mod Bob is at the helm.



8:55 AM... While enjoying the electrically heated seat cushions of his palatial coach, Kevin prepares for his screen test while Mod Bob negotiates the tortuous mountain road.



9:15 AM... Arriving at Mod Bob's Home for Increasingly Wayward Boys, Kevin economizes on time while Mod Bob prepares the camera.



DPN Reader Profile

CENTERFOLD BOY

Height: 5'11"

Weight: 160 pounds

Likes: travel, theater,
Hostess Cupcakes, coffee,
smart doctors

Dislikes: waiting (for a
cure or anything else),
professional AIDS victims



KEVIN MISCHKA



9:32AM...One last encore for the lecherous DPN staff.

9:35 AM...Kevin receives his complimentary DPN T-shirt and other fabulous prizes from the Cranky Editor...

9:50 AM...and is off to meet friends for brunch in The City.

STOP

Kevin speaks... I'm incredibly honored to be DPN's centerboy #9. (C'mon future pin-up boys, this is an amazing opportunity that only HIV can bring!)

A little more on professional AIDS victims: Sure, this is a lousy virus. But I also think of the good things: quitting a job

that I hated, getting back my Social Security contributions thirty five years ahead of schedule, travel, and medical type things. I might die ahead of time, but so might anyone. Since I learned that I'm HIV positive, I have been continuously re-defining who or what are really important

to me, and fighting like hell to be alive to enjoy these people and things. Sometimes this focus offends others. So?

Many thanks to Doctors Larry and David and my best friend Eric, who are all incredible in the best sense of the word.

HIVers are *sexier*

a personal opinion by christopher paw

...and a better fuck. I'm not sure why that is. Perhaps it's because we're not terrified of getting The Bite since that's been established. Perhaps it's a hidden subconscious fear that each time may be the last so we make the most of it. Or maybe it's just that KS lesions are the beauty marks of the nineties. Inevitably then, there have been more than a few changes in fag culture due to the sensual prowess and superiority of the hunting HIVer male.

The Cruising Bar is now almost completely an HIVer domain. Sure, there are a few vestal viral virgins roaming around back rooms and dark corners. But they're all HIVer wannabes anyway. "Clean boys" don't meet at bars any more. I mean, phone sex is great, but where's the throbbing beat and strobe lights? And snorting poppers or coke while cradling the phone on your shoulder just isn't my idea of a hot time. Who wants to be "clean", anyway? I don't know who came up with the term and I admit it used to bother me. But after some intense personal reflection and research, I've realized that being "dirty" is far more fun. It's those of us with The Bite who are out until 4:00 AM three or four times a week. (Except for those periodic respites on the fourth floor of your favorite AIDS wing. My night nurse Carol always gives me the "don't smoke while you're hooked up to the oxygen" speech when I'm admitted. Still, she's

sweet and only once kicked my lover out for giving me a blowjob... her supervisor was on the floor. But I digress—it's the dementia, dear.)

Back to the bar. If you're naïve enough to have to ask that stupid question, "What's your status?", or so insecure that you have to make an issue out of safer sex, then you shouldn't be in the back room anyway. Who negotiates safer sex any more, other than suburban teenagers and divorcees? If there's any discussion it's about latex-free sex. Or how about the idiot that claims to only enjoy "natural sex", but "please pull out before you come." Read a pamphlet for Christ's sake! They even have them in Catholic churches now. It's not that I care either way what choices you make for sex, but please make them yourself. Don't be asking me to console or cajole you into doing something when I've got a brain full of poppers and a belly full of tequila.

It's not that I don't like non-HIVers. (Cliche #125: some of my best friends are seronegative.) I'm just tired of them spending so much of their time trying to "protect" and "prolong" their lives rather than living the one that they've got.

I guess it all boils down to sex. (Quelle surprise!) The difference when picking up an HIVer is the look in both your eyes that says, "Screw AIDS. It ain't gonna kill you because I'm going to fuck you to death." ☹

TECHNONAUSEA

It's only fitting that a magazine about a modern-day epidemic be produced using modern-day technology, and so it is here at FOG Press. DPN is designed digitally, using Apple Macintosh Quadra series and Sun Microsystems Sparcstation computers. (Thanks to the swirl for the Quadra and printer.) Artwork is composed in Adobe Illustrator, Adobe Dimensions, Ray Dream Designer, and Ray Dream's Add-Depth. Photographic images are massaged using Adobe Photoshop. (Thanks to Adobe Systems for their generous software donations.) Page layout is done using paid-for software from a company which, despite its homo heritage, denied DPN any donations and whose products are also not available at nonprofit or educational discounts. Cover pages are sent directly to a Heidelberg GTO-DI four color press, and body pages are generated using a Linotronic at 100 lpi/1200 dpi, and printed by offset lithography. If you find this sidebar boring and self-aggrandizing, take whatever solace you can in the fact that we don't list the music we were listening to and the drugs we were on like Wired magazine does. DPN encourages contributors to submit letters and articles electronically; we can take ASCII files on 3.5" floppies (Mac or DOS format), 1/4" or 8mm tapes (tar or Retrospect format), or by email at dpnmail@netcom.com. If you don't have a computer, don't despair—you can write your articles with a crayon and we'll use 'em if we think they're good.

Going Straight

THE UPWARD MARCH of our adjustable rate mortgage and a reduction in my partner's work hours have put us in a bit of a financial pinch. Last month, as we debated how to most constructively shuffle our bills and debts (I ended up using one credit card to pay off another, a questionable practice I haven't employed since before my bankruptcy), my partner asked me if I'd consider switching to Marinol.

"Not only would it save money, but it would be easier on your lungs," he pointed out.

I knew that Marinol—a synthetic form of THC, the active ingredient in marijuana—was available by prescription. Indeed, I'm fond of posting the full-page Marinol ads I find in the medical journals above my desk: groups of very clean-cut twenty-somethings of diverse ethnicity chowing down cheerfully at the supper table.

Up until now I'd always preferred the technically illegal but in fact easily available natural product. But I was concerned about its impact on my lungs (marijuana is as bad for them as

tobacco, although it doesn't appear to be as toxic or carcinogenic as that legal smokable). And the cost—what with the never-ending 'war on drugs,' local drought, and a weak dollar—keeps going up. So I agreed to talk to my doctor about it at my next visit.

He thought it was a fine idea. He got down his PDR (Physician's Desk Reference—the official listing of prescription drugs) to look up the dosages and frowned at what he found. "It says here you can calculate the dose according to this formula based on body surface area," he said. "I've never even heard of such a thing; how the hell do you calculate body surface area?"

It so happened I knew how to do this from my days as a research assistant in a cancer epidemiology lab. Often it's the best way to measure exposure to carcinogens that enter the body via the skin. But we agreed that such calculations were more trouble than they were worth.

The more standard dosage information suggested anything from a small "appetite stimulating" dose of a single 2.5

milligram capsule twice a day to the "anti-emetic" dose of four 5 milligram capsules five times a day.

"That's a twenty-fold difference in dosage," he said. "It sounds like you can take as much of this stuff a day as you want. What do you say to 20 milligrams a day? It might make you spacey."

I said I would be glad to experiment with the dosage, and commented that I might already possess considerable tolerance for the drug.

SEVEN BUCKS A POP

After my usual blood draws were completed I hopped on my bike and pedaled over to the Walgreens a few blocks away. "I'm finally going to start getting my dope at Walgreens!" I exulted. But it wasn't that easy.

The clerk at Walgreens took one look at my prescription form and pushed it back at me. "This is a standard prescription form," she told me. "For this kind of prescription we need a special triplicate form so we can send a carbon copy to the state."

A quick round trip back to my doctor's office soon provided to

the requisite triple form. It was an impressive document, liberally plastered with warnings of dire consequences if tampered with or misused. I reported back to the pharmacy, only to encounter more problems.

"We don't have quite enough in stock to fill your prescription," the clerk told me. "When you came in before I glanced at the shelf and saw three bottles. Every other pill in this place comes in bottles of 100, so I figured we had plenty. But it turns out that this drug comes in lots of 25 to the bottle, so you'll have to come back next week to get the rest of your 'scrip.'"

I agreed to this and passed over my \$7 co-payment for the prescription.

The clerk punched up the sale and gasped. "You know how much this stuff would cost you without insurance? This bottle is 800 bucks!" she exclaimed. "Somebody sure is making a lot of money off of this."

I agreed again, wholeheartedly. It works out to about \$7 a pill; so my co-payment had covered the cost of exactly one out of the 120 capsules. "By the way," she concluded, "there are no refills on prescriptions like these, so if you want more you'll need a new 'scrip.'"

I was beginning to feel that it would just be simpler to cop my supplies in Dolores Park, but I headed for home to check out my new drug.

CUT A DEAL?

Marinol, at least the generic brand that I got, comes in perfectly round reddish-brown

pills. The long list of warnings and caveats that accompanies the bottle ("don't operate heavy machinery," etc.) included a reassurance that nothing was wrong if the pills didn't look like they did last time you got them. Apparently, in order to discourage street sales, the form of the pill is changed every few months to complicate casual identification by the layperson.

I cannot recommend the current spherical shape of the pills. Most pills are slightly elongated or flattened, and if you drop them they can only roll so far, if at all. Not these babies: if one gets out of your hand it can sail along the floor faster than you can follow it. I lost three this way in the first week (\$21 down the tubes!). I think my hound Roscoe must have eventually found them—he was a lot mellow than usual.

Despite its high cost—particularly for a treatment that could, in a sane society, be grown for next to nothing in a window box—Marinol does not perform as well as marijuana. It takes several hours to kick in, which limits its usefulness in counteracting sudden bouts of nausea or for spontaneous appetite stimulation. It's not nearly as psychoactive as smoked weed. I suspect that this is deliberate manipulation by the manufacturers. Marinol comes on slow, with the wave-like effect you might get from marijuana brownies, but at large doses (say two or three 5 milligram pills) it puts you to sleep before you get around to feeling its euphoric

effects.

It does block nausea, with enough lead time, and it certainly helps me sleep better. So, just as I take my mania-inducing d4T capsules in the morning to help wake up, I take my sleep-inducing Marinol pills at night to put me to sleep. Better living through modern pharmaceuticals requires some careful juggling of diverse medications and their interacting effects.

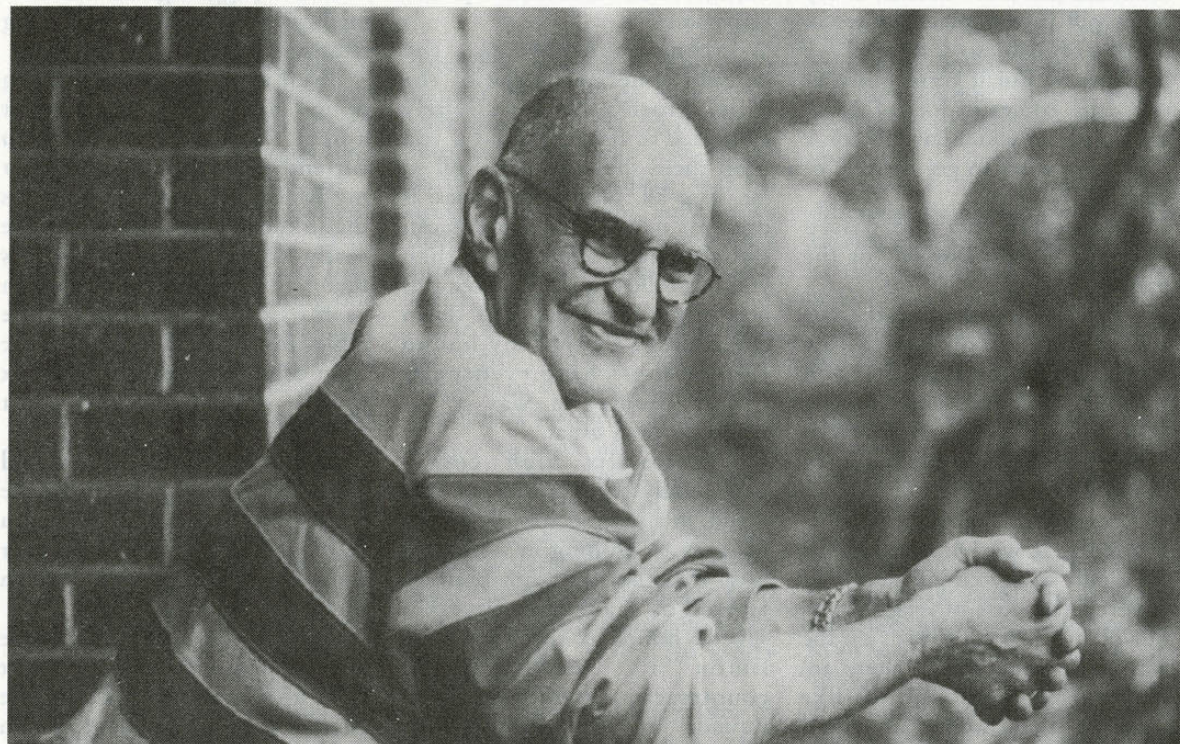
Even so, I considered calling up my HMO and offering to cut a deal. "Look," I'd say, "you currently pay \$800 a month for my Marinol. It just so happens that I know where I can get some really killer Thai stick for less than a third of that. How about a cash disbursement, under the table, for a net savings of more than \$500 a month? That's six grand a year, which ain't peanuts!"

But I figured that they would either say no, turn me in to the cops (don't forget I'm now on a state list of Marinol users!) or demand that I share it with them.

Logically my deal would make a lot of sense, but logic doesn't pull any more weight in the current medical payment system than it does in the current criminal justice system. Between them, cops and pharmaceutical corporations conspire to keep the cost of getting high as high as possible. In the meantime, you can often find me sprawled on the floor, cussing and searching for a lost Marinol capsule amid the dust-bunnies under my futon.

—M.B.

Larry Kramer



Larry Kramer needs no introduction. But for those of you who are just tuning in, Larry is the co-founder of Gay Men's Health Crisis, the founder of ACT UP, an author, playwright, screenwriter, and quite simply the most tireless activist we know. His views may be controversial, but his honesty and dedication are beyond dispute. We are all in his debt.

Without further ado—Larry's thoughts, as expressed in a conversation with your humpy editor on October 11, 1994.

What is the state of AIDS activism in America today, and also in particular here in New York? Out in California it's sometimes hard to keep up with what's been going on in New York, and whereas ACT UP was very much in the public eye five years or so ago we don't see so much activism nowadays.

If you don't see it, it isn't happening. And I think we're out of touch with what's going on on the west coast. Most of the contact we have here is limited to dealing with Marty Delaney, who as far as we can see is the only one doing anything effective anywhere. I don't know what AIDS activism is going on. I think we're at the lowest point possible. ACT UP here is for all intent and purposes useless if not dead; even though a few straggly souls meet every week, they're very ineffective.

The only group that's going on is TAG, Treatment Action Group, which as far as I'm concerned is a bunch of idiot kids who have turned themselves into fascists, and who have wrought a great amount of damage. It's an indication of the huge void in AIDS activism that they were able to march right in and do their damage and get away with it without any kind of opposition from anybody really except Marty and myself, and mostly Marty because I've been away.

I don't know what ACT UPs elsewhere are like; the one in Paris I am told is probably the only healthy chapter with a large membership that exists anywhere in the world. I get calls from cities around the country, from the odd member in Kansas City or Maine or wherever, but one gets the sense that there are not many people doing any of this.

I think as far as the government is concerned, the people in AIDS research and AIDS policy pretty much deal exclusively with TAG, which is why TAG has been able to get away with literally knifing us all in the back. It's a very sorry state. The AIDS organizations that I know of, APLA and GMHC have been as cowardly as ever in forcing policy decisions anywhere, either on the [federal] government or local government. Sometimes I get in such despair that I don't know what use any of these organizations are, either AIDS activist organizations or AIDS service organizations. I think we'd be better off without any of them. The services that they perform, taking care of sick people, should and would've been done if they didn't exist by the state anyway. What have they given us? We're in terrible terrible straits.

[Former Surgeon General C. Everett] Koop is going around now making speeches, saying there's never going to be a cure for AIDS—it's in the Advocate this week. There's never going to be a cure so all we can do is education. Well, education's a crock of shit. There's plenty of studies that show that education simply doesn't work.

Could you be a little more specific about what mistakes you feel TAG made, if for no other reason so others could avoid making similar mistakes in the future?

I'll be happy to. It started out when the new administration came into office. They were able to get Senator Kennedy's office and your California senators and representatives who deal with AIDS to pass what's called the NIH reauthorization bill, which in effect took all the research power away from the people who were in fact doing it, like [Dr. Anthony] Fauci, and established a new office, called the Office of AIDS research, OAR. All that it did was create yet another bureaucracy when they had plenty of bureaucracy already. If anything like that was going to work, Marty and I both felt that it had to be set up outside of the NIH and given emergency powers.

What in fact has happened is that they've appointed a man, Dr. William Paul, to head the OAR, and Dr. Paul who's a very nice man is also a great wimp, he's had fifty million dollars for over a year, he hasn't spent a dime of it. TAG helped choose him, TAG helped put him in office, TAG supports him, and we have AIDS research at a standstill.

Similarly, this has brought Dr. Harold Varmis to be the new head of the NIH, and Dr. Harold Varmis couldn't care less about AIDS. As far as AIDS research is concerned we were better off under George Bush. Another thing TAG has done is they've decided that the whole thing we fought for for so long which was getting drugs quickly and speedily is now suspect, and that and we should now have trials that last five, six, seven years like they had before we came in, and that drugs should be tested endlessly in what are called large simple trials, and everything we fought for should be thrown out the window. Even Dr. Krim has said they're out of their fucking minds, and so TAG has backed down off all that.

TAG represents the height of ludicrousness where you have literally seventeen and eighteen year old kids who are acting like doctors and telling us what we

should do in terms of treatment, and I'm sorry, AIDS activism is about self-empowerment, but it's not about idiots running the store, and that's what TAG is as far as I can see.

What you have is government officials thinking that TAG represents the gay community or represents the AIDS community. So people in Donna Shalala's office like Patsy Fleming, who is the acting AIDS czar think that TAG speaks for everybody, so they do what TAG tells them, and none of the AIDS organizations have been there saying no, these people don't speak for us. Marty's been the only one out there with the guts to do it.

I don't know what you all think of Marty in California, but he's a gigantic hero to me, he's indefatigable, he's the only one who's there every minute on every issue, and he's got better connections in Washington than anybody else. And he's the only one who's reasonably sane.

Every activist has his or her own personal ethics regarding what kind of actions are appropriate. For example some people in the anti-abortion movement would feel it's okay to shoot abortion doctors whereas others might not. I wanted to know what your own personal sense is of where to draw the line.

Well, that's a loaded question. What I wouldn't mind seeing being done and what I'm capable of doing myself aren't necessarily the same thing. It comes down to the fact that we are being murdered, and we are being murdered intentionally, and in my book that equals genocide. So one man's line is not another man's line in terms of how you respond to all of that.

I wish to hell there were some people out there courageous and crazy enough to go out there and throw bombs or burn buildings, or put a mark on Jesse Helms, or whatever. But for whatever reason we don't represent a population that's in any way capable of doing that.

My favorite story about all this is: the biggest demonstration ACT UP ever had in New York was outside City Hall when Koch was mayor, and we had maybe five to seven thousand people in a city with a gay population approaching a million people. That's all we could get. It was a lively demonstration, but a reporter from Brazil came over to me, a woman, and she said, "This is the best you got? In my country

when they raise the bus fare, the people burn the buses." And that's always stayed in my mind.

We can't even burn anybody in effigy. We are such good little boys and girls when it comes to how we are allowing the world to treat us, and I—you're talking to somebody who is well educated, who went to Yale—you're not talking to a crazy. I have been involved in AIDS activism, in AIDS something-or-other since 1981 and I am telling you, one government after another is murdering us. This is intentional. I've written books about it, there's a new edition of *Reports From The Holocaust* coming out that's 150 pages longer than the other edition that goes into this endlessly, and yet they are able to get away with it because we allow it.

So how do you draw a line? I don't know. I am not capable myself of taking a gun and shooting somebody, not even as an undercover vigilante—but I wish to fuck I was capable of it. And I keep saying I hope there's somebody out there who is.

Your criticism—and DPN's as well for that matter—can be very scathing and personal. We've had to make tough decisions from time to time, everyone we criticize has good points and bad points, as we all do. On some occasions I've personally regretted being too harsh, and I wonder if you've ever had that feeling as well.

I guess the shortest answer is no. I'm sure at some point I may have said things about somebody that I was too harsh about, but I think by and large I've called the shots correctly and as honestly as I knew how. And when somebody who I've called names has in fact redeemed himself or herself in my eyes, anyway—which are the only eyes I care about—I have reversed myself. I called Fauci a murderer; Fauci, as far as I'm concerned did a major, major turnaround and became one of my heroes, and I said so.

You've probably had more experience saying those sorts of things to someone's face than I have, or in some way having it get back to you, and I was wondering how that works when you're so thoroughly negative or scathing in a criticism of someone. How do people take that?

It's harder to do that when you know them. I think one of the biggest mistakes AIDS activists made was going inside and becoming a part of the system so to speak, joining committees and all, because it's harder to be harsh on people when you actually sit there and

work with them all the time on a personal level. On the other hand, I've always had high standards even before AIDS, and I've suffered fools badly, so it's not difficult for me to say to somebody you're simply not doing a good enough job.

But how do people take it? DPN never gets enough feedback.

How do they take it? I don't know how they take it. I think bureaucrats in some funny way have such a masochistic streak as part of their being, that they take it and sort of laugh about it and shrug it off. In the meantime it makes them burrow more into the ground. It doesn't make them angry, I'll tell you that. One would like them to get angry, because I think when people get angry they're apt to get off their asses more.

They can also punish you. There's no question that Louis Sullivan, when he was Secretary of Health and Human Services, simply turned his back on AIDS because of the treatment he received at the San Francisco AIDS conference from the activists, when he was booed for his entire speech.

The New York Times can punish you, and indeed Max Frankel who was the editor said that's exactly what would happen if I and others kept on their backs with such vitriol and constant pressure, that in the end the paper would either not write about it or would ignore writing about it. He wasn't talking about any corporate policy, he was talking about individual reporters, writers—why should they write about it if they're going to get kiboshed? And as horrible as it is, he was right. So that's the danger of calling the truth as you see it. The truth is very dangerous, it's real dynamite. But that doesn't mean you should stop.

In your play The Destiny Of Me, Dr. Anthony Della Vida is remarkably tolerant of Ned, he's treating him and is cordial despite all the nasty things Ned said about him. Was this consistent with your experience?

It's no secret he's Fauci, and he came to opening night. What I was trying to dramatize in that relationship in the play is the confusing uncertainties of what to do and how to proceed, all the things you're asking me questions about.

The leading character Ned Weeks is in the hospital at the NIH, and ACT UP is having a demonstration outside. Number one, Ned Weeks didn't know that

they were having a demonstration outside, and number two, he doesn't want to join them because he's not sure that they've been very effective. And I think that the parallel is made with this experimental treatment that Fauci's trying to whip up too, he's trying, and not proving effective either. What do you do? What's next?

I guess my relationship with Fauci is probably as complicated as any relationship I've ever had. Part of me still gets very angry at him, both publicly and privately, and part of me is genuinely fond of him, and part of me happens to think that he's the best there is right now. I know that—that's not an opinion, that's a fact. I suspect he's put up with more, and been more available to the interaction than anybody else we've had down there. He's been the lightning rod that everything's focused on. And that's good and bad.

It's interesting that we have for instance Broder, who's head of the National Cancer Institute, or Varmis, who's head of the whole fucking place—we're not after them at all. Sam Broder has been just grotesquely bad, he's the one who gave us AZT, and that was the last thing he's done, and he's got more money for research than NIAID has. Why aren't we going after Broder? A lot of it had to do with personality, Broder withdrew, he's hiding, Tony's out there, Tony goes to the meetings, Tony is willing to meet with the kids and the guys, so he's been more willing to serve as this conductor. Interesting.

And look at the politicians who got all the shit. Daniel Patrick Moynihan gets away scot free, and he's got as bad a record on AIDS as Jesse Helms does and yet he's the liberal's poster boy.

You learn a lot about the ways of the world, and none of it's very nice. That's the sad thing, I guess. That's what keeps you tough, in a way. In the end you realize that on a certain level, the world is just really a pile of shit—government, bureaucracy, elected officials, the system. Jonathan Swift said something like "Man is fine, it's Tom, Dick and Harry that I hate." I've not seen much to make me proud of being a human being in all this time. But strangely enough, I'm a happy person, I have a great boyfriend, and a nice life.

In writing about your own test results, you write "life has become exceptionally more precious, and ironically I'm quite happy." What were your thoughts about

discussing your own HIV status publicly—how important was it for you to set that example?

It's a complicated issue for a lot of people. I guess I've just been so outspoken and in your face about everything that it would've been hypocritical if I hadn't been forthright about this. I think everybody saying what they are defuses it a lot more for everyone. It's like not telling people you're gay; it indicates that you're ashamed. I'm not ashamed to be HIV-positive.

I have a problem with another issue which is complicated morally for me, which is I'm identified in lots of places for having AIDS, which I don't, and it's hard to write and correct them and say I don't have AIDS without sounding like I'm saying "God forbid that you should say that awful thing about me." That's not why I do it, I just don't think it's fair to the people who do have AIDS for people to think that I do. It's as if I'm trying to get sympathy in the world's eyes from something that isn't true.

You and others have taken gay people to task for the way we treat one another, for the lack of love. What is your vision of how gay people should treat each other?

I think everyone's capable of great and wonderful love, and I think everybody wants that. I didn't say we were incapable of love, I just think we went through many years of for want of a better description sexual experimentation that in the end turned out to backfire against us. I don't think if you look at it, it should be surprising that it did backfire.

Backfire in the sense of health issues, or socially as well?

Both. I have always found it very difficult to comprehend, that part of the gay movement, then or now, which insists on extolling the virtue of rampant—I hate the word promiscuity, because it's so loaded—rampant sex. That is not to say that persons can't have more than one partner, but we were really like kids in the candy store here.

I just think it's sad—and this is a moral thing, I'm not going to deny that I'm moral about it—I think it's sad that so much of the energy in this wonderful community had to go to sex, to the exclusion of everything else, to the exclusion of building a political movement, fighting for rights for gay men and lesbians, getting and maintaining power in the political process. Would that the gay political

movement had available to it the brains and the caliber of professional people fighting to establish this movement who would go off to the baths.

Monk magazine interviewed us a few months ago, and they asked us about our sense of spirituality. DPN's been pretty critical of crystals, karma, and other such stuff, and they wanted to know what we thought was spiritual. (I had a lot to say about that, but for some reason not a word of what we talked about in the interview ever made it into their magazine.)

I haven't read much from you on that score; your plays are so personal, but they don't deal much with spirituality or religion. Is that because it isn't important to you, because you think the issue is too divisive, or ... ?

Everybody's got their own definition about what spirituality is. I'm not a very religious or spiritual person, I don't believe in God, which may or may not have anything to do with spirituality. I often think that we do live after death, that seems to be something that I find personally comforting. I don't know that I think about it that much, but my lover David has broadened my views a little about this. My basic problem with spirituality which goes counter to what I'm trying to do politically is that I think that there's an element of spirituality which says, in effect, it was meant to be.

A kind of fatalism.

Yeah. And I just can't accept that, I mean I think things can be changed, and that's what has made me so angry about government, about AIDS research, whatever. I will not sit by and allow people to get away with murder, so to speak, whether it was meant to be or not. And I think that for a lot of people, that keeps them from being activists, keeps them from getting involved in the political system, it keeps them from challenging the status quo. It's a hard issue to get into because there's a lot of pain involved for a lot of people. If you take for instance the many twelve-step programs, and God knows this world would be a worse place if we did not have these programs, but the nature of a twelve-step program at some point is to accept what you can and can't do. And so one has to be careful about what one says. It's a complicated issue.

The short answer to your question is I don't think about it very much.

Your activism and your writing give the impression that you really value the life that we have on this earth.

It's the only one we've got.

Well, some would dispute that.

It's the only one I know about right now, and if I'm going to have another one, then the next me or whatever will deal with that. It's the one I deal with now.

I think spirituality can be very helpful, I think it can also be an excuse. And again it's hard, everybody draws their own line. One of the greatest persons I know is a straight woman who is exceedingly spiritual and religious, but she's also moved mountains in her work. And she gets the sustenance and energy from the part of her that can be contemplative and spiritual and I think in that sense that's spirituality at its best. At its worst it's where the religious right sits around and talks about God all day and then tries to destroy us.

I think that we are so capable of such incredible achievements and accomplishments, and by "we" I'm going to limit it there to gays and lesbians. I just think we are remarkable people, and I guess that's why I push us to do more, just like I push myself to do more. And when you look at what our artists have accomplished since the beginning of time, starting with the ancient Greeks, the great artists throughout all history have been gays. The ceiling of the Sistine Chapel, Proust, ... There's more in all of us if we can just reach for it and push and try.

What are you working on these days?

I'm trying to write a very long novel. I've already got a couple thousand pages. It's proved the hardest thing I've ever had to do, which has made me more determined to do it. I like to challenge myself, I don't like to do the same thing twice.

Is this novel as autobiographical as the plays?

Some of it is but most of it isn't. It's much more of an imaginative work, although it certainly started out to be about AIDS. The problems I'm having with it are more technical ones, about how to hold it together, how to link it together so it isn't episodic. And how do you make a reader read for

two or three thousand pages without being bored. I will do it so long as my health holds out.

A lot of us who've been at this for a while feel pretty burnt out. The endless frustrations with experimental drugs not living up to their promises, with friends dying, and so on. Where do you get your energy from? How do you keep going?

I think a lot of it is quite frankly just genetics, my mother is 95 and indefatigable. I don't feel very effective right now, and I am completely stymied about where we should go and how to get us there. I'm asked all the time, why don't I start another organization. I would if I knew what kind of organization to start. The two that I've started have in my eyes not worked out, or done what they're supposed to do. I don't know what to do, and that is more depressing to me than anything.

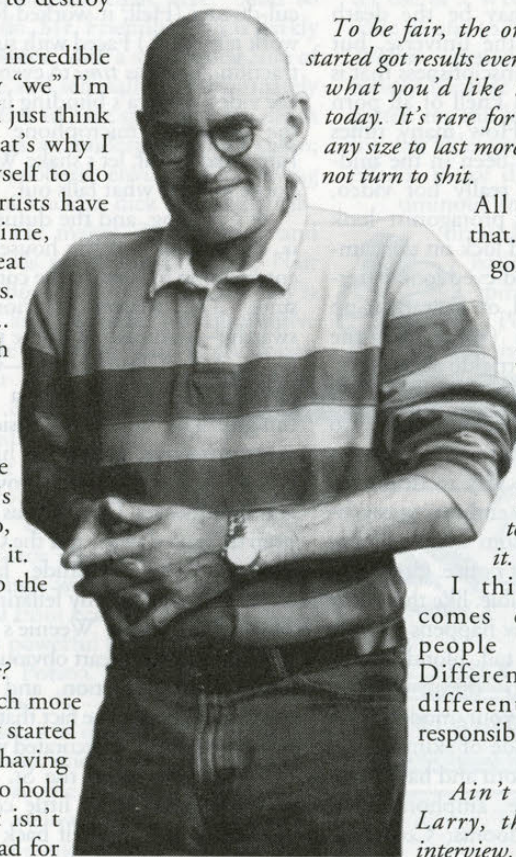
To be fair, the organizations you've started got results even if they're not doing what you'd like to see them doing today. It's rare for an organization of any size to last more than five years and not turn to shit.

All right, I'll accept that. How do you keep going?

I'll use the genetic explanation too. But somehow you just have to will things to happen—you make up your mind to do it, and you do it.

I think it probably comes easier to some people than others. Different people have different senses of responsibility.

Ain't that the truth. Larry, thank you for the interview.



Weenie Wet Dreams



Mein Kock ©1993 Conquest Int'l.
opened three eyes out of five.

Entropy may be the death knell of the universe, but it's self consciousness that is the death knell of all porn movies. How many times have you been in the middle of a really hot video, only to see your protagonist look your direction and lock on the camera with that round-eyed look of terror? Suddenly all of that pent-up orgasmic tension (yours and the video's) seems to trickle away, leaving you sticky and the tile grout stained. Porn Potato, as we like to say, doesn't like that.

Ironically, one way to deal with this dilemma is to embrace it, suffocate it in your bosom and hope that the audience won't notice. Create the corniest story possible, like this doofy guy who somehow happens to have his own personal tall, blond, supernaturally smooth djinni named Weenie. Hobble your models with bizarre outfits made of skimpy gold lamé and cheesecloth and have them brandish antique amphorae and other exotic heirlooms. Confound

everyone concerned with imponderables such as why does this dufus, who literally has the treasures of the pharaohs at his fingertips, still insist on living in his squalid stucco tract home on some nameless Culver City cul-de-sac? (Hell, it worked for network television.) Faced with such distraction, who has time to even notice the video camera's blinding lights or the drooping microphone boom. Interested? Well, let's shake Weenie's bottle and see what falls out.

It's evening, and the dufus—that is, the Master—of the household is entertaining a Guest in the connubial suite. The Master is short and swarthy—reminiscent of the portrait on a Mr. Clean bottle—with a prominent tan line and a decent thongie. The Guest is considerably more attractive, godlike in his leanness with wavy medium brown hair and dreamy eyes. Foreplay has already been dispensed with, and the Guest is displaying his gratitude for the Master's hospitality by fellating him. Meanwhile, inside Weenie's bottle, our magical sweetheart obviously feels left out of the action, and begins fondling himself. The fact that the inside of the bottle is decorated with the finest cast-offs from the St. Mark's Baths fire sale offers little comfort. Weenie throws himself back on the

red and blue satin cushions and runs his strong hands across his expansive chest, fondles his nipples and then his crotch, finally removing his gilded jockstrap to reveal his substantial wand of power.

Back in the real world, the Master and the Guest have entered into an oddly beautiful mutual rimming. The Guest's buns are slender but pert, covered with the merest hint of peach fuzz. Porn Potato likes that. The Master's butt is more fulsome and waxen, though marred by a larger than life carbuncle. Apparently the Master doesn't care to use Weenie's powers to repair such unsightly blemishes, either. Porn Potato doesn't like that. While the Guest's face is suffused with a warm expression of contentment, the Master looks as though he were being forced to rim a hornet's nest. Porn Potato doesn't like that, either.

Back in the bottle, Weenie has conjured up a sabre-handled dildo, which he plunges deep into the moist spring of his verdant oasis. On earth, the Master is fucking the Guest doggy style, his thick dick having deployed to its full dimensions. In the bottle, Weenie's dildo has transmuted into a golden vibrator, with which he plows his fertile crescent. On earth, the Master is doing the

Guest frontways. In the bottle, Weenie is doing himself frontways. The Guest groans. The Guest comes. The Master groans. The Master comes. Weenie groans. Weenie comes. The Guest gets spooked by the noises coming from the bottle on the nightstand, harsh words are exchanged, and the Guest runs out upset. Funny, he didn't have a French accent when he was going, "Oh yeah, oh yeah." The Master is most displeased with his faithful servant, Weenie, and gives him a good tongue lashing (of the verbal nature, alas).

The next day, Weenie sees the Master off to work. Retiring to the sofa to read Proust and wonder how he ended up in this particular white trash hell, Weenie is interrupted by a knock on the door. Well what do you know, it's Handyman, the electrician. Apparently the Master wants some lighting installed in his bookshelves, so that all may cherish his plasma sphere and collection of crystal unicorns. This is just too tempting for Weenie, and poof, Handyman's clothes disappear. Weenie gets on his knees and sucks Handyman's modest pecker to full turgidity and then savages him in a variety of interesting ways. At one point, Weenie causes a bobbing 8-inch Doc Johnson dildo* to materialize, attached to the mirrored coffee table by its trademark suction cup. Weenie makes Handyman straddle this scepter of authority while forcing him to deep throat Weenie's own hard weenie. Finally, Weenie plunges his divining rod deep into Handyman's waiting rectifier and jumpstarts him with a real charge.

Weenie sends the stunned Handyman on his way and curls back on the sofa with Proust. Who knows, maybe the UPS man will be

next, he seems to think. Meanwhile, at work, Master dufus is on the phone with a friend, complaining about Weenie's antics and trying to garner some sympathy. The friend, an overly groomed Hair Care Boy, lets the Master have it, "Listen girlfriend, I'd give my left nut to have someone like Weenie. Learn to recognize a good thing when you have it!" Here here, says Porn. Hair Care Boy's dressing down of the Master is cut short by the call of lust. The lunky Mediterranean flight attendant he picked up the night before struts on-screen. "Zee yacuzzi iss brooken."

"That's okay," says Hair Care Boy, "we'll make our own little sexual whirlpool right here." And so they do. Mr. Friendly Skies is darkly handsome, with a smoldering aura of sleaze and sensuality. Unfortunately he seems to have spent way too much time in an underpressurized cabin; the hypobaric environment having left his luscious dick somewhat rubbery. He makes do, however, and proceeds to thoroughly muss Hair Care Boy's coiffure. Hair Care Boy is elfin and shapely, his diminutive stature allowing him to be tossed about every which way, caught up in Friendly Sky's turbulent wake. Porn Potato likes that. Hair Care Boy's hard dick also bobs enticingly with each thrust from Friendly Sky's powerful hips. Porn Potato likes that, too.

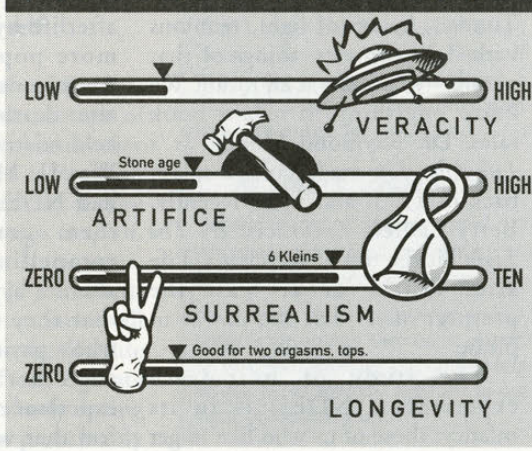
Alas, it is over all too soon, and we're back at the ranch. Our yellow-bellied Master comes crawl-

ing home with an admission: he's seen the light and wants Weenie to be his one and only. Hot dang! Once they're through playing a bizarre tug-of-war with Weenie's double-headed dildo, maybe Weenie can do something about collected Sunset magazines near the bedside and the Oldsmobile with red velour upholstery sitting in the garage. Anyone want a crystal unicorn?

And so life mimics art, even erotic art. It's the dowdy downwardly mobile, socially liberal but fiscally conservative Republican Master who stumbles on to the magic bottle, and not the hair care Boy who would obviously make better use of a Weenie's powers. On a scale of one to five eyes, *I Dream of Weenie* opened three, and that's mostly because Porn Potato hasn't gotten any this last week. Sincere acting, fair videography, amusing sound effects, major dildo action, and an ominous Interpol warning addressed to would-be international smugglers of pirated videos. Porn Potato says to rent, not buy. —P.P.



SUPPLEMENTARY SCORES



Perchance to Dream

Dying To Live: Near Death Experiences

By Susan Blackmore. Prometheus Books, Buffalo NY, 1993.
291 pp. Hardcover, \$23.95.

IF YOU'RE LIKE ME, you've had a conversation or two that went like this:

"Have you thought much about spirituality since you found out you were HIV-positive?"

"What do you mean by spirituality?"

"You know, your soul. Life after death."

"I don't believe my personality can survive my death."

"What about all those stories from people who've had near-death experiences?"

What about those stories. Tunnels, beings of light, reunions with dead relatives, things of that nature—what does it all mean? We know one thing: it means book sales. Dr. Raymond Moody, Jr.'s *Life After Life* made quite a splash back in 1975, and more recently, Betty Eadie's *Embraced By The Light* hit the top of the charts. Life after death—or at least the prospect of it—has the power to please.

The study of near-death experiences (NDEs) is in its infancy; those of us who like to get

to the bottom of these kinds of things will have to wait at least a few more lifetimes. But the reality of NDEs is not in dispute in the sense that people do have them, and many elements of NDEs are remarkably consistent across age, cultural, gender, and other boundaries.

There are many mysteries, but most of them boil down to one key question: are NDEs evidence of a spirit or self that can exist without a body, or are they artifacts of the death of the physical brain? The first view (which can be called the afterlife hypothesis) is definitely more popular. About 70% of Americans polled believe in life after death, a percentage that has held relatively steady since World War II. Many people who have had NDEs or who have studied them consider them to be compelling evidence for the afterlife hypothesis, so compelling that they can't imagine anyone who's paying attention coming to any other conclusion. From my experience, very few people who feel that way are well-acquainted

with the case for the alternate ("dying brain") hypothesis. Most of the books about NDEs could have been written centuries ago in that they don't draw at all on insights gained from modern neuroscience.

Dying To Live, on the other hand, examines possible physical explanations of the phenomena associated with NDEs. For example, the organization of the brain offers clues to why people report feelings of bliss and perceptions of tunnels and bright lights.

But fortunately, Blackmore strives to explain, not to explain away. She has a deep respect for the quality of the experiences people have reported, and carefully avoids trivializing any aspects of NDEs. When she points out that an NDE-like review of a life's memories can be induced by electrical stimulation of the brain's temporal lobe, you don't come away with any less sense of awe about the experience.

NDEs are remarkably consistent, and in many cases quite

unlike what people expected would happen at death, and thus couldn't be the products of imagination (so an argument for the afterlife hypothesis goes). No matter what your personal conclusion is, *Dying To Live* should leave you with the feeling that things aren't so simple. Blackmore reports on NDEs throughout history, drawing on Tibetan Buddhist literature and an NDE story in Plato's *Republic*. She interviewed Indian NDEs who responded to a notice she'd placed in a Bombay newspaper. While many aspects of NDEs are uniform across cultures, there are also interesting differences. For example, Americans readily go off with angels or dead relatives, whereas the Indians she spoke to were more likely to put up a fight.

NDEs are not unique

You don't have to be physically near death to have an NDE-like experience (although it helps). Many of the characteristic elements of NDEs have been reported by people who only thought they were near death, and also by some who had tried to commit suicide. Interestingly, those who survive suicide attempts typically report feelings of bliss and beauty, although perhaps a bit less strongly than those who have unintentional NDEs. But despite the positive nature of the experience, most find themselves disinclined to attempt suicide a second time. One said, "I will die naturally next time, because one thing I realized at that time is that our life here is just such a small period of time and there is so much which needs to be done

while you're here. And when you die it's eternity."

Susan Blackmore's experience in psychology and parapsychology is extensive. *Dying To Live* is not her first inquiry into unusual states of consciousness; her 1982 book *Beyond The Body* is considered one of the most important books about out-of-the-body experiences. She makes a good case for the sensation of leaving the body during NDEs being a natural consequence of the brain's dealing with a loss of sensory input.

Stop for a moment and recall an important event in your life. Try to remember how it felt to be there at the time; picture the scene as best you can. The chances are good that the image you just conjured up was a bird's eye view of the scene, as opposed to how it appeared at the time as seen through your eyes. It is in our nature to synthesize images from a viewpoint outside of our body, and Blackmore suggests that this could account for the characteristic NDE sensation of viewing one's own body from above, often from a point near the ceiling of the room.

A matter of self

The notion of life after death is intimately tied to the concept of self. The afterlife hypothesis is easy to talk about because it is based on a simple, familiar idea of a core self. Call it a soul, an ego, a spirit, or whatever—the idea is the same, that the "true" you is a unified, distinct entity with an existence all its own. According to the afterlife hypothesis, your self can operate independently of your body during NDEs, and therefore presumably

GET FAT, don't die!

Biffy Mae's Bodacious Eggplant Mozzarella

1 large eggplant
salt
egg, milk, and bread crumbs
olive oil
your favorite marinara sauce,
spiced with fresh basil
12 oz. mozzarella, grated
parmesan cheese

Preheat oven at 350°F. Cut the eggplant into 1/2 inch slices. (You can also peel the eggplant if you like.) Soak the eggplant slices in salty water for 30 minutes to leach out any bitter tannins. Heat olive oil in a pan, or heat up the Crisco in your Frydaddy. Mix the egg and milk together, then dip the eggplant slices in the batter, dredge in breadcrumbs, and fry in the hot oil. Cook until golden brown, about 3-5 minutes each side, and set aside to drain. In a 9 x 9-inch glass or ceramic pan, assemble the eggplant like this: pour 1/3 of the sauce into the pan, lay one layer of eggplant slices, one layer mozzarella, 1/3 sauce, second layer of eggplant, mozzarella, remaining sauce, and a generous dash of parmesan cheese. Bake at 350°F for 30 to 40 minutes or until melted and bubbly. Let stand a few minutes before serving. (Yes, I know this one takes time and dirties a huge number of dishes. If you're not up to the task, shame a friend or practical support volunteer into preparing it for you.)

Biffy Mae's Orange Salad

red and green bell peppers, seeded
peeled oranges, seeded and sliced
your favorite honey mustard dressing
Slice the bell pappers into rings, and arrange with orange slice on a platter. Drizzle with dressing and chill before serving. Serve after the eggplant to cut some of the heaviness.

after death as well. Each of us is intimately familiar with how it feels to be an individual; you can talk about a self without ever having to define what it is. The concept of a personal self is reinforced by the structure of our language; just try to talk without using pronouns like "I" or "me".

On the other hand, talking about the dying brain hypothesis leads directly to an inquiry into the nature of self, and it is here that *Dying To Live* really shines. Blackmore does her best to drive home the point that the self is nothing more than a mental model, a concept—something we can drop under various circumstances. As she puts it:

"My conclusion is that the NDE brings about a breakdown of the model of self along with the breakdown of the brain's normal processes. In this way it can cut right through the illusion that we are separate selves. It becomes obvious that 'I' never did exist and so there is no one to die. The funny thing is that when a whole system drops the idea of there being anyone in there to die, it seems to become a nicer person to have around. To the extent that this happens, the person is changed. Here is the real loss of the fear of death. Here lies the true transformation of the NDE."

Blackmore draws on many sources to illustrate the illusory nature of self—experiments done on split-brain patients, reports from people who've had NDEs, and ancient scripture. Buddha said: "Actions do exist, and also their consequences, but the person that acts does not. There is no one to cast away this set of elements,

and no one to assume a new set of them. There exists no Individual, it is only a convenient name given to a set of elements."

But what about that shoe she saw?

"Okay," you may be saying, "but what about all the stories of paranormal phenomena associated with NDEs—remote viewing episodes and so on?" This is one area where I imagine many die-hard (pardon the expression) supporters of the afterlife hypothesis will have trouble with *Dying To Live*. Blackmore has gone out of her way to investigate as many reports of spooky phenomena associated with NDEs as she could, and has concluded that there are no well-documented cases of inexplicable remote viewing or other paranormal phenomena. You see, she has *standards* for evidence, and that alone will create a rift between her and many who would prefer to believe in an afterlife.

In his book *Recovering the Soul*, physician Larry Dossey tells the story of a woman who had experienced cardiac arrest during surgery, yet afterward was able to describe the layout of the operating room and details about the surgeons' appearance, despite the fact that she had been blind since birth. Sounds pretty convincing—until you find out that it never happened. Blackmore was intrigued by the account and contacted Dr. Dossey, who explained to her that the story was fabricated—but he felt okay about it because he'd heard of other cases that had incorporated many of its elements. Now, not every report of

paranormal phenomena is as patently contrived as this one—but it illustrates the importance of having standards for evidence. Even large amounts of evidence are useless if the quality is uniformly low. If you trust anecdotes, why not believe in UFO abductions, stories of which are legion?

I haven't noticed much middle ground on these issues. I've had singularly frustrating conversations with people who are convinced of the afterlife hypothesis—people who are inclined to accept flimsy evidence of the paranormal at face value. I've been told it's just wrong to insist on solid evidence, or that it's an unfit topic of discussion, like politics or religion. Others have called me awful names, like *materialist*.

To be fair, some of the heavies in the so-called rationalist camp have also shown less than exemplary open-mindedness. In a footnote to a 1977 essay, noted author and household word Isaac Asimov wrote: "Lately, there have been detailed reports about what people are supposed to have seen during 'clinical death.' I don't believe a word of it." I wanted to find out he would say in 1994, but Dr. Asimov could not be reached for comment.

Dr. Moody's *Life After Life* begins with this sentence: "This book, written as it is by a human being, naturally reflects the background, opinions, and prejudices of its author." The same goes for book reviews; I like *Dying To Live* because I share a lot of the author's conclusions. Even so, I also respect it for what I hope are more objective reasons. This is one comprehensive book. —T.A.

WE ARE ALL LEUKO-POSITIVE

The meditations of action kitty Bob

by Richard Morrison

BOB IS MY CAT, and he's pretty pissed off. As a carrier of the virus which causes feline leukemia, he is relegated to a prison-like existence in my apartment. Animal Control would destroy him in a second if they could only get the chance. His veterinarian told me that Bob most certainly shall die by the time he is five years old. Bob hissed at this pronouncement, bit the vet's hand, then took a healthy shit on the examination table. Bob just celebrated his third birthday.

Bob resents the time bomb ticking inside of him. But even more, he resents a society which sees him as something dispensable, something to be run down in the street, used for an experiment, or worse, regarded as someone's property. When I put the cute little name tag on his collar that says "I belong to..." he tore it off within minutes and skulked around the apartment for three days, glaring at me from every corner.

Bob wants a tattoo on all four paws that reads, "WE ARE ALL LEUKO+". He's not into hiding his condition from anyone, and anybody who's uncomfortable with it, whether they be feline, canine or otherwise, can suck on his infected ass. He'll just sit there and calmly lick his paws.

Bob rejects terms like "living with feline leukemia." The last thing

he wants—or needs for that matter—is someone putting a smiley face on his suffering, just so they can go home and feel better about themselves later on. He can do without such wretched pity and would just as soon be thrown from a bridge in a canvas bag full of rocks.

What really puts Bob's back on the arch is watching how the murderers and liars in our nation's capitol—including that little dupe, Socks—do nothing while thousands of his furry friends are executed each day by lethal injection, gas, and neglect. Bob would like to see every cat in this country, every cat lover, every friend or lover or family member of a cat lover take their dead kitty's used litter pan, drive one hundred miles per hour to Washington D.C., crash through the gates of the goddamn White House and dump that dirty litter right on the front steps.

And all those assholes running Ralston Purina, the slimy bloodsuckers who push the toxic Hartz 2-in-1 collar, the fuckers who process meat by-products for Friskies' Buffet, and every stupid hillbilly peckerhead who aims the wheels of his Camaro in a poor kitty's direction had all better get a giant electric fence and bring their dogs inside for the night. Because Bob's gonna scratch out their motherfucking eyeballs. 🐾

GET FAT, don't die!

*Insane Asylum Amie's
Tropical Rice Pudding*

3 cups cooked basmati rice
2 eggs
one 12-oz. can coconut milk
1 cup sugar
¼ teaspoon salt
shredded coconut
1 tablespoon butter, melted
dash nutmeg
whipped cream
a dash of Kahlua

Basmati rice has a nutty flavor that's crucial to this dish. Substitute regular rice at your own peril. Preheat oven at 350°F. Mix the rice, eggs, coconut milk, sugar, salt, shredded coconut to taste, butter, and nutmeg. Pour into a deep dish, loaf, or paté pan. Sprinkle with more nutmeg. Place the pudding pan into a larger shallow pan filled with hot water. Bake for approximately 70 minutes, or until a knife inserted off-center comes out clean. Slice and serve topped with whipped cream and drizzled with a touch of Kahlua or another sweet cordial.

*Geneva Mae's
Emergency Stuffed Squash*

2 acorn squashes, cut in half, seeded,
and hollowed out a little
butter and salt
1 box Spanish rice pilaf, cooked
toasted pine nuts
cracked pepper
tomato or spaghetti sauce

Preheat oven at 350°F. Prepare the acorn squash by buttering and salting the halves; then nuke them on high for about 6 minutes. If they're still not tender, zap them some more. Place upright on a baking pan, fill hollowed out squash pockets with cooked Spanish rice. Top with sauce and pepper. Bake for 35-40 minutes. Yum!

DISEASED PARIAH



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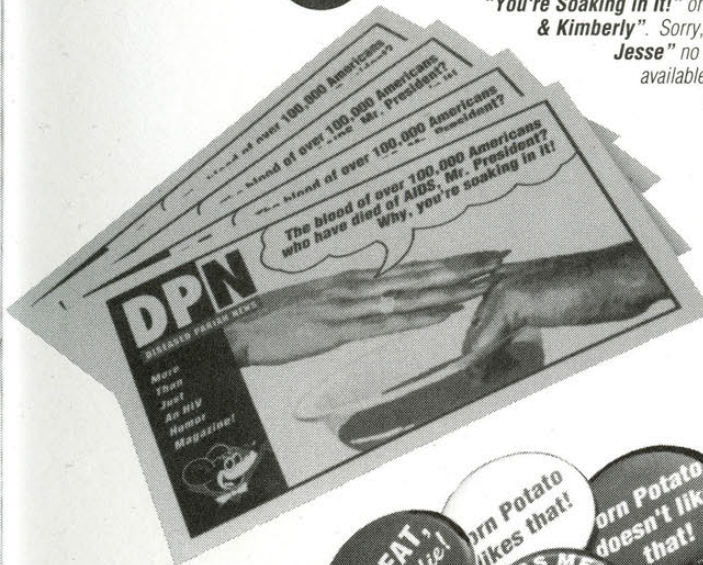
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7

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